

A photograph showing a doctor in a white lab coat shaking hands with a patient. The doctor's hands are on the left, and the patient's hands are on the right. The background is a blurred clinical setting. A clipboard and a pen are visible on a desk in the foreground.

**Welcome to the
A24Group**

Occupational Health

Requirements

Occupational Health Requirements

The process as follows:

- Ensure your **Occupational Health Questionnaire form** is completed, and the form, together with your immunisations and test results are forwarded to the A24Group. We will forward this information to our Occupational Health Service provider.
- The Occupational Health Services provider will evaluate your file, and if satisfied with the contents, will issue to the A24Group with a "Certificate of Fitness to Work" valid for 1 year.
- If they are not satisfied with the contents, they will ask us to request from you additional proof of immunisations, and once they are happy with this they will issue a certificate.
- One month before your "Certificate of Fitness to Work" is due to expire; we will email you a page "*Health Medical Questionnaire - Yearly Review*". Please complete, sign and forward to us together with any new immunisation and test results. The email will also have a link to an "e-sign" document, which once completed will be automatically added to your profile.
- This will be forwarded to our Occupational Health Service Provider for evaluation, and they will either issue a new "Certificate of Fitness to Work" or provide applicable advisory information. This annual stage is expected to be routine.

The Immunisation and Test Results Required for Occupational Health Clearance Are:

Varicella

Tests showing a positive result (immunity). Negative or Equivocal results require re-vaccination and re-testing. Written confirmation of having had chickenpox or shingles is also acceptable. Self-certification is acceptable.

Tuberculosis

Occupational Health or GP certificate of a positive scar sighting or a positive skin test (mantoux) result. If you have been diagnosed with latent TB, corresponding information from a TB Clinic or Occupational Health Department is required.

Example: Clear chest x-ray

Rubella

Certificate of vaccination, or a blood test resulting showing a positive result (immunity) or TWO doses of MMR.

= OR > 15 UI/ml	:	Immune
10 - 14 UI/ml	:	Low Level Immunity
< 10 UI/ ml	:	Non - Immune

Measles

Evidence of TWO doses of MMR, or a positive result (immunity) for measles & rubella. Negative or equivocal requires re-vaccination and re-testing.

Hepatitis B

A recent pathology report showing titre levels of > 100 lu/l. If the result is <100lu/l then a Hepatitis B Booster is required.

The following three are ONLY required if you need an Exposure Prone Procedure (EPP) Certificate, due to working in an exposure prone environment (theatre, labour ward, A&E ward):

Hepatitis B Surface Antigen

Evidence of a negative result.

Hepatitis C

Proof of non-infectivity (negative) with a recent UK pathology report.

HIV

Evidence showing antibody negative.

Agency Workers should be aware of and abide by the requirements of HSC 1998/ 226 "*Guidance on the Management of AIDS/HIV Infected Health Care Workers and Patient Notification*".

- If you believe you may have been exposed to HIV infection in any way you should seek medical advice from your GP or Occupational Health Department and, where appropriate, undergo diagnostic HIV antibody testing.
- If you are found to be infected, you must again seek guidance from your GP or Occupational Health Department.
- If you are found to be HIV positive and perform or assist with invasive surgical procedures you must stop immediately and seek advice from your GP or Occupational Health Department regarding what action, if any, should be taken.



- Please be aware that it is the obligation of all health workers to notify their employer and, where appropriate, the relevant professional regulatory body, if they are aware of HIV positive individuals who have not heeded advice to modify their working practice.

Please note the above guidance does not supersede the current Department of Health Guidelines (in particular HSC 1998/226) or local practices or procedures.