

CIRCULAR NO (DHP/2026/05)

From	Department of Healthcare Professions (DHP) / Ministry of Public Health
To	<ul style="list-style-type: none">• All healthcare practitioners in the State of Qatar (Governmental, Semi-governmental, and Private Sectors)• All healthcare facilities in the State of Qatar (Governmental, Semi-governmental, and Private Sectors)
Subject	Update on Circular (7/2022) Regarding the Health Fitness Assessment Policy in Qatar
Date	30/03/2026

Greetings from the Department of Healthcare Professions

As part of the Department of Healthcare Professions' (DHP) commitment to ensuring that healthcare practitioners are competent and fit to deliver safe practice, DHP has updated the policy for assessing the health fitness of healthcare practitioners in Qatar.

This update is aligned with the World Health Organization (WHO) requirements for Measles and Rubella (MR) elimination target, in collaboration with the Health Protection and Communicable Diseases Control Department.

The update focuses on the following key areas:

- All healthcare practitioners applying for a license for the first time are required to provide documented evidence of immunity to Measles and Rubella (MR) **Or** Measles, Mumps, and Rubella (MMR).
- All existing licensed healthcare practitioners born after 1964 are required to provide test of immunity to Measles, and Rubella or documented evidence of immunity to Measles and Rubella (MR) **Or** Measles, Mumps, and Rubella (MMR) at the time of their next renewal application only.

This requirement can be fulfilled by:

- Laboratory testing confirming immunity to Measles and Rubella (MR), or
- Documentation of two doses of the Measles and Rubella (MR) **Or** Measles, Mumps, and Rubella (MMR) vaccines.

Notes:

1. The full version of the policy is attached to this circular
2. This updated circular cancels Circular No. (7/2022) and is effective from the date of issuance.

For further information, kindly contact DHP Registration at: dhpreistration@moph.gov.qa

Thank you for your cooperation

Department of Healthcare Professions
Ministry of Public Health



Policy Name	Health Fitness Policy – Department of Healthcare Professions
Version Number	4.0 (revised)
Developed By	Department of Healthcare Professions
Reviewed by/Date	November 2025
Approved by/ Date	December 2025
Date Effective	30/03/2026

Validity

This policy is the main and a valid policy until updated, replaced or canceled by the Department of Healthcare Professions. Update, replacement or cancellation of this policy may occur when needed.

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[Department of Healthcare Professions / Ministry of Public Health](#)

DOCUMENT CONTROL

REVISION HISTORY

Name	Date	Changes	Version
Committee	March 2021		
	April 2021		
	April 2022		
	May 2022		
	November 2025		Rev 4.0

REVIEWS BY REGISTRATION SECTION - DHP

Name	Date	Organization/Position	Version
Dr Saad Al Kaabi	November 2025	Ministry of Public Health/ Senior Consultant Gastroenterology - Hepatology / Head of Gastroenterology - hepatology Department / HMC, Director / DHP	Rev 4.0
Dr Souma Eltorky		Ministry of Public Health/ Healthcare Business Development Partner	
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Dr Ahmed Ismail		Medical Commission/ Senior Consultant, Section Head- Laboratories /Medical Commission, Ministry of Public Health	
Dr Moutaz Derbala		Hamad Medical Corporation/ Senior Consultant Gastroenterology- Hepatology, HMC	
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Ms Abeer Alkurdi		Ministry of Public Health/ Specialist Healthcare Professionals Registration	

APPROVALS BY DEPARTMENT OF HEALTHCARE PROFESSIONS

Name	Date	Organization/Position	Version
Dr Saad Al Kaabi	November 2025	Ministry of Public Health/ Senior Consultant Gastroenterology- Hepatology / Head of Gastroenterology - hepatology Department / HMC, Director / DHP	Rev 4.0
Ms Jawaher Al Ali		Ministry of Public Health/ Acting Manager Registration	

1. Objective

This policy aims to:

- Promote patient and Healthcare practitioners' safety, particularly while performing Exposure-Prone Procedures.
- Provide a framework for the health clearance of healthcare practitioners and the management of healthcare practitioners infected with blood borne viruses (BBVs).
- Maintain public confidence in the healthcare workforce
- Remind Healthcare practitioners of their responsibility to seek professional advice about the need to be tested if they have been exposed to a serious communicable disease.

2. Abbreviations

Term	Definition
Ab/Ag	Antibody/Antigen
AFB	Acid Fast Bacilli
BBVs	Blood Borne Viruses
DHP	Department of Healthcare Professions
EPPs	Exposure Prone Procedures
HCP	Healthcare Practitioners
HMC	Hamad Medical Corporation
HIV	Human Immunodeficiency Virus
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HBs-Ab	Hepatitis B Surface Antibody
HBs-Ag	Hepatitis B Surface Antigen
HBcAb	Hepatitis B Core Antibody
LTBI	Latent Tuberculosis Infection
MoPH	Ministry of Public Health
PTB	Pulmonary Tuberculosis
MMR	Measles, Mumps and Rubella

3. Definitions

Term	Definition
Health fitness Assessment	Systemic process designed to assess and monitor individuals' health fitness status.
Medical fitness to practice	It means that healthcare practitioners are free from communicable diseases and can practice safely.
Fitness tests	Also called fitness evaluations or assessments – include various tests and measurements that help determine HCP overall health and physical fitness to practice to determine if he/she is jeopardizing the patient safety by transmitting any of the communicable diseases.
Exposure prone procedures	Procedures where the healthcare practitioner's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.
Healthcare practitioners	Those providing support to improve an individual's well-being through the diagnosis, treatment or prevention of diseases and illnesses.

4. Policy

- All Healthcare practitioners assigned/working in a licensed healthcare facility in the State of Qatar must adopt the Health Screening and Immunization Policy for Healthcare practitioners in accordance with country's regulations.
- Transmission of Blood borne viruses from healthcare practitioners to patients in the healthcare setting is extremely rare (if they follow the national and international infection control protocols). However, all appropriate measures must be taken to ensure that patients as well as Healthcare practitioners are protected from the risk of acquiring life threatening infections as a consequence of the patient' management and maintain safe working environment.
- The management of healthcare facilities must ascertain that healthcare practitioners who undertake Exposure-Prone Procedures are professionally and ethically obliged to know their infectious status for HIV, HBV and HCV and must be tested, and subjected to measures that will reduce risk of transmitting infection to their patients.
- Healthcare practitioners infected with blood borne viruses are not excluded from employment or functions. They can safely perform under policies in place in Department of Healthcare Professions /MOPH as well as in the facility. However, such Healthcare practitioners have a clear responsibility to:
 1. Know their infectious status,
 2. Notify their Employer when newly diagnosed with BBVs
 3. Follow the treatment recommended by their care providers
 4. Perform EPPs according to this policy

5. Institutional and Implementation Arrangements

- It is the responsibility of the Healthcare practitioners, and employer/ facility management (including self-employed Healthcare practitioners) to ensure that healthcare practitioners have access to appropriate testing, counselling and immunization Program according to national and international guidelines on that matter.
- Each healthcare facility should assign a unit, physician or nurse, according to facility size, to be responsible for implementing staff screening and immunization services.
- Each healthcare facility should keep records of the health status of their staff including previous vaccinations and provide it once it is required.
- All healthcare facilities should report directly to the Department of Healthcare Professions in case there is any change in their Healthcare practitioners medical report, and they should provide current and previous tests/ investigations carried out for the affected Healthcare practitioners.
- All healthcare facilities should report directly to the Department of Healthcare Professions in case there is change of scope of work of the healthcare practitioners from non-EPPs to EPPs and the healthcare practitioners should not start performing EPPs before obtaining clearance from Department of Healthcare Professions.
- Healthcare practitioners are highly encouraged to do screening and immunization.
- All HCPs who stop antiviral treatment for any reason must immediately stop performing EPPs and seek the advice of their treating physician.
- If the HCP who stopped the treatment and his HBsAg remains positive but with HBV DNA levels below 200 IU/mL, the HCP may be permitted to practice EPPs provided there is regular three-monthly viral load testing, overseen by an appropriate specialist, and the HBV DNA viral load remains below 200 IU/mL.

6. Requirements to be submitted for the health fitness evaluation in applying for licensing:

Following documents are required to be submitted to DHP-approved healthcare institution for health evaluation of a healthcare practitioner who has applied for Licensing (new license):

1. A copy of the applicant QID / Passport copy / Visa.
2. Letter of employment.
3. Preliminary Evaluation.

Department of Healthcare Professions will obtain consent from healthcare practitioners before disclosing his / her condition to their employer.

7. Categorization of healthcare practitioners applying for new license / license renewal

Healthcare practitioners Applying for a license for the first time:

The following tests are required from all healthcare practitioner categories applying for a new license.

- Blood tests, for HIV/HBV/HCV
- Chest x-ray
- Test of immunity for Measles, and Rubella (MR) or documented evidence of 2 doses for Measles, Mumps, and Rubella (MMR) / Measles, and Rubella (MR) vaccinations

Healthcare practitioners Applying for license renewal:

- **All Healthcare practitioners who are not performing EPPs (non-EPPs healthcare practitioners) are not required to submit blood screening for blood borne viruses for renewal of their license. This includes, but are not limited to, the following:**
 1. Physicians E.g.: (Family physicians, Internists, Radiologist, clinical pathologist)
 2. Laboratory practitioners
 3. Radiographers / Radiology Technologist / Technicians
 4. Pharmacist
 5. Pediatrician
- **All Healthcare practitioners who perform EPPs who were positive HBsAg upon pre-employment screening should be re-tested for BBVs every 3 years upon renewal of health license this includes, the following:**
 1. General surgeons who perform nephrectomy, small bowel resection, non-laparoscopic cholecystectomy, and subtotal thyroidectomy.
 2. Cardiothoracic surgeons
 3. Neurosurgeons
 4. Extensive plastic surgeons
 5. Transplantation surgeons
 6. Obstetricians
 7. All scopes of Dentists
 8. Midwives,
 9. Oral and Maxillofacial Surgeons,
 10. Cosmetic dermatologists,
 11. Interventional Radiologists,
- All existing licensed healthcare practitioners born after 1964 are required to submit, as part of their next license renewal application: Test of immunity to Measles, and Rubella (MR) or documented evidence of 2 doses of Measles and Rubella (MR)/ Measles, Mumps, and Rubella (MMR) vaccinations otherwise the renewal request will be rejected.

8. Medical reports issued only from DHP-approved healthcare institutions:

In case an application for health fitness evaluation of a healthcare practitioner is received, whether from the Medical Commission Department or directly from the healthcare practitioner, the submitted medical report must be issued by a DHP-approved healthcare institution.

The medical report shall be categorized into two types:

- **Fit to practice;** where Department of Healthcare Professions is assured by the Medical Commission that the healthcare practitioner is Fit, and no further evaluation is required as no abnormality was found in any of his/her blood tests and X-rays. (The healthcare practitioner has no evidence of HIV/HBV/HCV and evidence of immunity to MMR and No evidence of active PTB or inadequately treated PTB if chest x-ray is done)
- **Abnormal test results,** where Department of Healthcare Professions should request further investigations from the healthcare practitioner.

9. General Consideration Preventive measures:

Educational programs and training should be given to encourage applying all preventive measures which represent the cornerstone in preventing transmission of infection between patients and healthcare practitioners. This includes possible risks and prevention, preventive intervention, Implementation of standard precautions, HBV, Measles & Rubella vaccination.

1. Reporting & Management of an occupational exposure: Access to healthcare practitioners who can provide post-exposure care should be available
2. Restrictions are not justified for blood borne infected healthcare practitioners who do not carry out exposure prone procedures
3. Infected healthcare practitioners with HBV or HCV are restricted only with regards to undertaking EPPs, until they obtained clearance from Department of healthcare professions
4. HBV Vaccine: Healthcare practitioners are strongly encouraged to receive the hepatitis B vaccine, particularly those who are exposed to blood and body fluids. Post-vaccination testing for anti-HBs levels should be performed 1–2 months after completing the vaccination series (3 doses for adults), and individuals with anti-HBs ≥ 10 mIU/mL are considered responders (have a protective immunity).
5. All healthcare practitioners applying for a health license for the first time shall undergo screening for blood-borne pathogens (HIV, HBV, HCV), pulmonary tuberculosis (PTB), and provide documented evidence of immunity to Measles and Rubella (MR)/ Measles, Mumps, and Rubella (MMR). Additionally, screening for blood-borne pathogens shall be required every three (3) years upon license renewal for practitioners who perform exposure-prone procedures (EPPs) or for those whose scope of practice changes from non-EPPs to EPPs.
6. If chest x-ray cannot be done for acceptable reasons such as pregnancy, this can be replaced / substituted with QuantiFERON TB Gold Plus or PPD tests and for abnormal test results the Department of Healthcare Professions will request further investigations from the healthcare practitioner.

10. Update in Healthcare practitioners infected with HBV & HCV:

- **For Hepatitis B Virus (HBV):**

- Initial and Periodic Testing: All healthcare practitioners involved in exposure-prone procedures (EPPs) shall undergo testing for hepatitis B surface antigen (HBsAg) upon initial application for a health license and subsequently every three (3) years at the time of license renewal.
- HBsAg Positive with HBV DNA \leq 200 IU/mL: No work restrictions apply.
- HBsAg Positive with HBV DNA $>$ 200 IU/mL: The practitioner shall remain restricted from performing Category III EPPs.

- **For Hepatitis C Virus (HCV):**

- **Initial and Periodic Testing:** All healthcare practitioners involved in exposure-prone procedures (EPPs) shall undergo testing for HCV antibodies upon initial application for a health license and subsequently every three (3) years at the time of license renewal.
- **Follow-up Testing:** Practitioners who test positive for HCV antibodies must undergo confirmatory testing for HCV RNA (PCR).
- **Management:** Healthcare practitioners with documented HCV infection shall be offered antiviral therapy.
- **Return to Practice:** Practitioners who achieve a sustained virological response (SVR) for a minimum of three (3) months may be permitted to perform EPPs.

11. Pre-employment Screening (Screening Tests and Fitness Category)

Requested tests are: HBsAg, Anti-HBs, HBV-PCR (Refer to HBV Pre-employment Screening Flowchart in the appendix)

Lab Test	Result	Action / Additional Test(s)	Fitness Category
HBsAg Anti-HBs	Negative Negative	None	FIT for work and encourage vaccination
HBsAg Anti-HBs	Negative Positive ≥ 10 mIU/ml	None	FIT for work
HBsAg	Positive	HBV DNA level ≤ 200 IU/ml	FIT No restriction
HBsAg	Positive	HBV DNA level >200 IU/ml	Restricted only with regard to undertaking Category (III) EPPs (Refer to section 12)

Requested tests are: anti-HCV, HCV PCR (Refer to HCV Pre-employment Screening Flowchart in the appendix)

Lab Test	Result	Action / Additional Test(s)	Fitness Category
Anti-HCV	Non-Reactive/Negative	None	FIT
Anti-HCV	Reactive/Positive	Western Blot (Negative) PCR (Negative)	FIT
Anti-HCV	Reactive/Positive	HCV-PCR Detected/Positive	FIT Except for healthcare practitioners who perform Category III EPPs (Refer to section 12) They will be referred to health fitness committee and resume all procedures activity when HCV RNA is NEGATIVE

Requested tests are: HIV-1/2 Ag/Ab Combo Test (4th Generation), and Western Blot (WB) / Immunoblot or Line Immunoassay (LIA), and PCR (refer to the HIV Pre-employment Screening Flowchart in the appendix).

Lab Test	Result	Action / Additional Test(s)	Fitness Category
HIV1,2 Ag/Ab Combo Test (4 th Generation)	Non-Reactive/Negative	None	FIT
Anti-HCV	Reactive/Positive	Western Blot (Negative)	FIT
HIV1,2 Ag/Ab Combo Test (4 th Generation)	Reactive/Positive	Western Blot (Positive) PCR (Positive)	Health Fitness Committee Assessment
		Western Blot (Positive) PCR (Negative)	
		Western Blot (Negative) PCR (Positive)	



Screening for Pulmonary Tuberculosis (PTB)

Note: Tuberculosis screening will be repeated annually if required by job function and compliance will be documented and reported by healthcare practitioners.

Disease / Infection	Test	Action	Fitness Category
Pulmonary TB (PTB)	Chest x-ray	Refer to CDC HMC to Rule out activity in the presence of Radiology changes	FIT after appropriate treatment and in accordance with CDC HMC protocol
Latent TB Infection (LTBI)	PPD or QuantiFERON TB Gold Plus (QFT)	Refer to CDC HMC if PPD or QFT is positive	FIT
Pregnant	PPD or QuantiFERON TB Gold Plus (QFT)	Refer to CDC HMC for Assessment if PPD or QFT is positive	FIT in accordance with CDC HMC protocol

After an Epidemiology documented exposure to tuberculosis in the workplace, Healthcare practitioners who have no previously documented positive skin test will be tested and if negative it will be repeated in three months by healthcare practitioner's Health Staff clinic.

Healthcare Personnel Vaccination Recommendations

All staff are encouraged to be fully vaccinated for:

- Annual influenza vaccine
- Tetanus, diphtheria, pertussis — Give 1 dose of Tdap as soon as feasible to all HCP who have not received Tdap previously. Give Td or Tdap boosters every 10 years thereafter. Chickenpox immunity (via disease history, positive test, or two vaccine doses)
- Meningococcal — Give both MenACWY and MenB to microbiologists who are routinely exposed to isolates of *Neisseria meningitidis*. As long as risk continues: boost with MenB after 1 year, then every 2–3 years thereafter; boost with MenACWY every 5 years.

Pregnant Healthcare practitioners:

- Pregnant Healthcare practitioners are not at greater risk of contracting infectious diseases than other healthcare practitioners who are not pregnant, however, if a healthcare practitioner develops an infection such as HIV, Varicella, Hepatitis B, CMV, or Rubella during pregnancy, the infant may be at risk of becoming infected.
- Because of this risk, pregnant healthcare practitioners should be especially familiar with and strictly adhere to precautions to minimize the risk of transmission of infectious diseases.
- Work reassignment is generally not necessary. Pregnant women should not work with patients who have Varicella infection without serologically documented immunity to Varicella Zoster virus.

Vaccines Recommended During Pregnancy [cdc.gov]

- **Tdap (Tetanus, Diphtheria, Pertussis):**
 - Recommended **during each pregnancy**, preferably between **27–36 weeks gestation** to protect the newborn from pertussis.
- **Inactivated Influenza Vaccine:**
 - Recommended **during any trimester** during flu season.
- **COVID-19 Vaccine:**
 - Recommended for pregnant women as they are at higher risk for severe illness.
- **RSV Vaccine (Abrysvo):**
 - Recommended **once during pregnancy** (gestational weeks 28–36).

Healthcare practitioners with Exudative Lesions or Weeping Dermatitis

- Healthcare practitioners with exudative lesions and dermatitis must not have direct patient care or handling patient care equipment, until cured.
- Healthcare practitioners must be medically cleared by their personal health provider prior to a return to work. Healthcare practitioners can consult and provide guidance in these events.

12. Categorization of Healthcare-Associated Procedures According to Level of Risk for Bloodborne Pathogen Transmission

Category I: Procedures with a minimum risk of blood borne virus transmission

1. Regular history-taking and/or physical or dental examinations, including gloved oral examination with a mirror and/or tongue depressor and/or dental explorer and periodontal probe
2. Routine dental preventive procedures (e.g., application of sealants or topical fluoride or administration of prophylaxis, diagnostic procedures, orthodontic procedures, prosthetic procedures (e.g., denture fabrication), cosmetic procedures (e.g., bleaching) not requiring local anesthesia
3. Routine rectal or vaginal examination
4. Minor surface suturing
5. Lower gastrointestinal tract endoscopic examinations and procedures, such as sigmoidoscopy and colonoscopy
6. Hands-off supervision during surgical procedures and computer-aided remote or robotic surgical procedures
7. Psychiatric evaluations

Category II: Procedures for which blood borne virus transmission is theoretically possible but unlikely

1. Locally anesthetized ophthalmologic surgery
2. Locally anesthetized operative, prosthetic, and endodontic dental procedures
3. Periodontal scaling and root planting
4. Minor oral surgical procedures (e.g., simple tooth extraction [i.e., not requiring excess force], soft tissue flap or sectioning, minor soft tissue biopsy, or incision and drainage of an accessible abscess)
5. Minor local procedures (e.g., skin excision, abscess drainage, biopsy, and use of laser) under local anesthesia (often under bloodless conditions)
6. Percutaneous cardiac procedures (e.g., angiography and catheterization)
7. Percutaneous and other minor orthopedic procedures
8. Subcutaneous pacemaker implantation
9. Bronchoscopy
10. Insertion and maintenance of epidural and spinal anesthesia lines
11. Minor gynecological procedures (e.g., dilatation and curettage, suction abortion, colposcopy, insertion and removal of contraceptive devices and implants, and collection of ova)
12. Male urological procedures (excluding trans-abdominal intra-pelvic procedures)
13. Upper gastrointestinal tract endoscopic procedures
14. Minor vascular procedures (e.g., embolectomy and vein stripping)
15. Amputations, including major limbs (e.g., hemipelvectomy and amputation of legs or arms) and minor amputations (e.g., amputations of fingers, toes, hands, or feet)
16. Breast augmentation or reduction
17. Minimum-exposure plastic surgical procedures (e.g., liposuction, minor skin resection for reshaping, face lift, brow lift, blepharoplasty, and otoplasty)
18. Total and subtotal thyroidectomy and/or biopsy
19. Endoscopic ear, nose, and throat surgery and simple ear and nasal procedures (e.g., stapedectomy or stapedotomy and insertion of tympanostomy tubes)
20. Ophthalmic surgery
21. Assistance with an uncomplicated vaginal delivery
22. Laparoscopic procedures (If moving to an open procedure is required, these procedures will be classified as Category III).
23. Thoracoscopic procedures (If moving to an open procedure is required, these procedures will be classified as Category III).
24. Nasal endoscopic procedures
25. Routine arthroscopic procedures
26. Plastic surgery (A procedure involving bones, major vasculature, and/or deep body cavities will be classified as Category III)
27. Insertion of, maintenance of, and drug administration into arterial and central venous lines

28. Endotracheal intubation and use of laryngeal mask
29. Obtainment and use of venous and arterial access devices that occur under complete antiseptic technique, using universal precautions, “no-sharp” technique, and newly gloved hands.

Category III: Procedures for which there is definite risk of blood borne virus transmission or that have been classified previously as “exposure-prone”

1. General surgery, including nephrectomy, small bowel resection, non-laparoscopic cholecystectomy, subtotal thyroidectomy,
2. General oral surgery, including surgical extractions, hard and soft tissue biopsy (if more extensive and/or having difficult access for suturing), apicoectomy, root amputation, gingivectomy, periodontal curettage, mucogingival and osseous surgery, alveoplasty or Alveoectomy, and endosseous implant surgery guideline on healthcare practitioners infected with HBV, HCV, and/or HIV
3. Cardiothoracic surgery, including valve replacement, coronary artery bypass grafting, other bypass surgery, heart transplantation, repair of congenital heart defects, thymectomy, and open-lung biopsy
4. Open extensive head and neck surgery involving bones, including oncological procedures
5. Neurosurgery, including craniotomy, other intracranial procedures, and open-spine surgery
6. Non-elective procedures performed in the Emergency Department, including open resuscitation efforts, deep suturing to arrest hemorrhage, and internal cardiac massage
7. Obstetrical/gynecological surgery, including cesarean delivery, hysterectomy, forceps delivery, episiotomy, cone biopsy, and ovarian cyst removal, and other trans-vaginal obstetrical and gynecological procedures involving hand-guided sharps
8. Orthopedic procedures, including total knee arthroplasty, total hip arthroplasty, major joint replacement surgery, open spine surgery, and open pelvic surgery
9. Extensive plastic surgery, including extensive cosmetic procedures (e.g., abdominoplasty and thoracoplasty)
10. Transplantation surgery (except skin and corneal transplantation)
11. Trauma surgery, including open head injuries, facial and jaw fracture reductions, extensive soft-tissue trauma, and ophthalmic trauma
12. Interactions with patients in situations during which the risk of the patient biting the physician is significant; for example, interactions with violent patients or patients experiencing an epileptic seizure
13. Any open surgical procedure with a duration of more than 3 hours, probably necessitating glove change.

13. References

1. Health Clearance For Healthcare practitioners And The Management Of Healthcare practitioners Infected With Blood borne Viruses (Hepatitis B, Hepatitis C And HIV)
2. Canberra Hospital and Health Services / Clinical Procedure / Blood Borne Virus in Health Care Workers
3. HCV Guidance Updates Recommendations for Screening and Treating Key Population. [https://www.aasld.org/.../hcv-guidance-updates-recommendations-screening-and-treating Key Population](https://www.aasld.org/.../hcv-guidance-updates-recommendations-screening-and-treating-Key-Population) ...May 25, 2018
4. CDC. Testing for HCV Infection: An Update of Guidance for Clinicians and Laboratorians. MMWR 2013; 62(18): 362-5
5. CDC Vaccines and Immunizations: Routine Measles, Mumps, and Rubella Vaccination

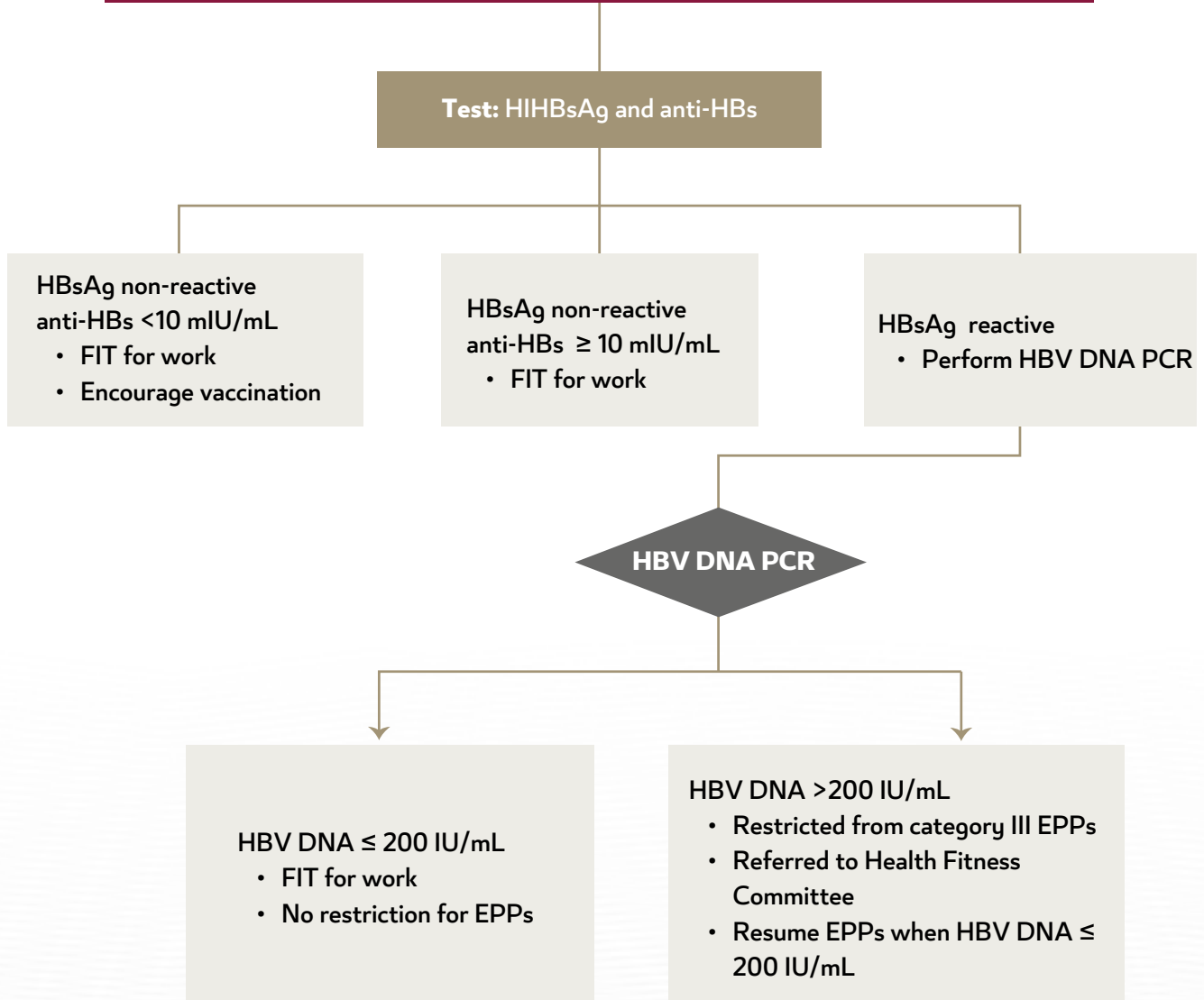
[Routine MMR Vaccination Recommendations: For Providers | CDC](#)

This policy will be reviewed and updated every 3 years.

HBV Pre-employment Screening Flowchart

NOTE: All healthcare practitioners involved in EPPs must be tested for HBsAg

- Upon initial licensing
- Every 3 years at license renewal

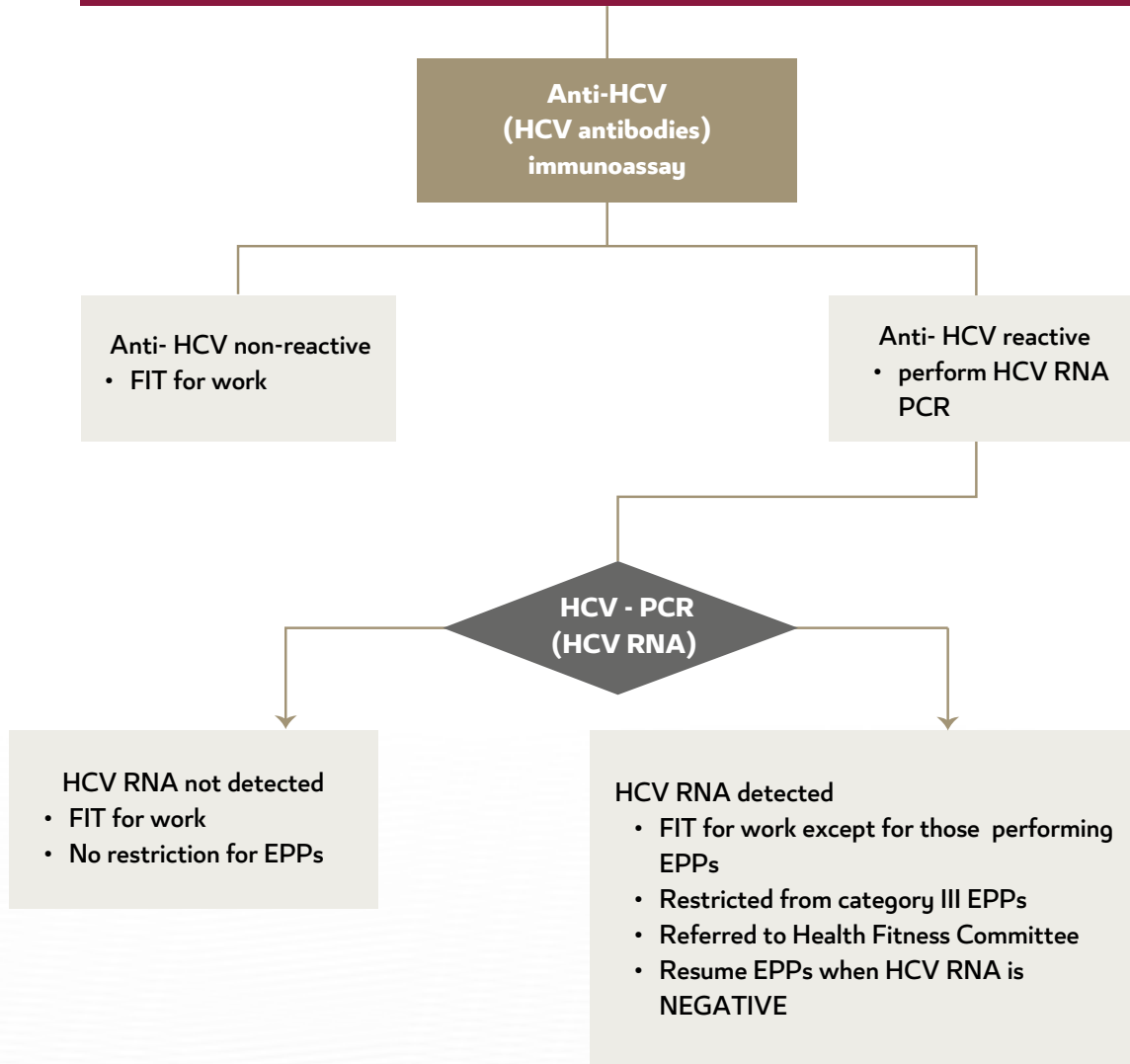


* EPP: Exposure prone procedures

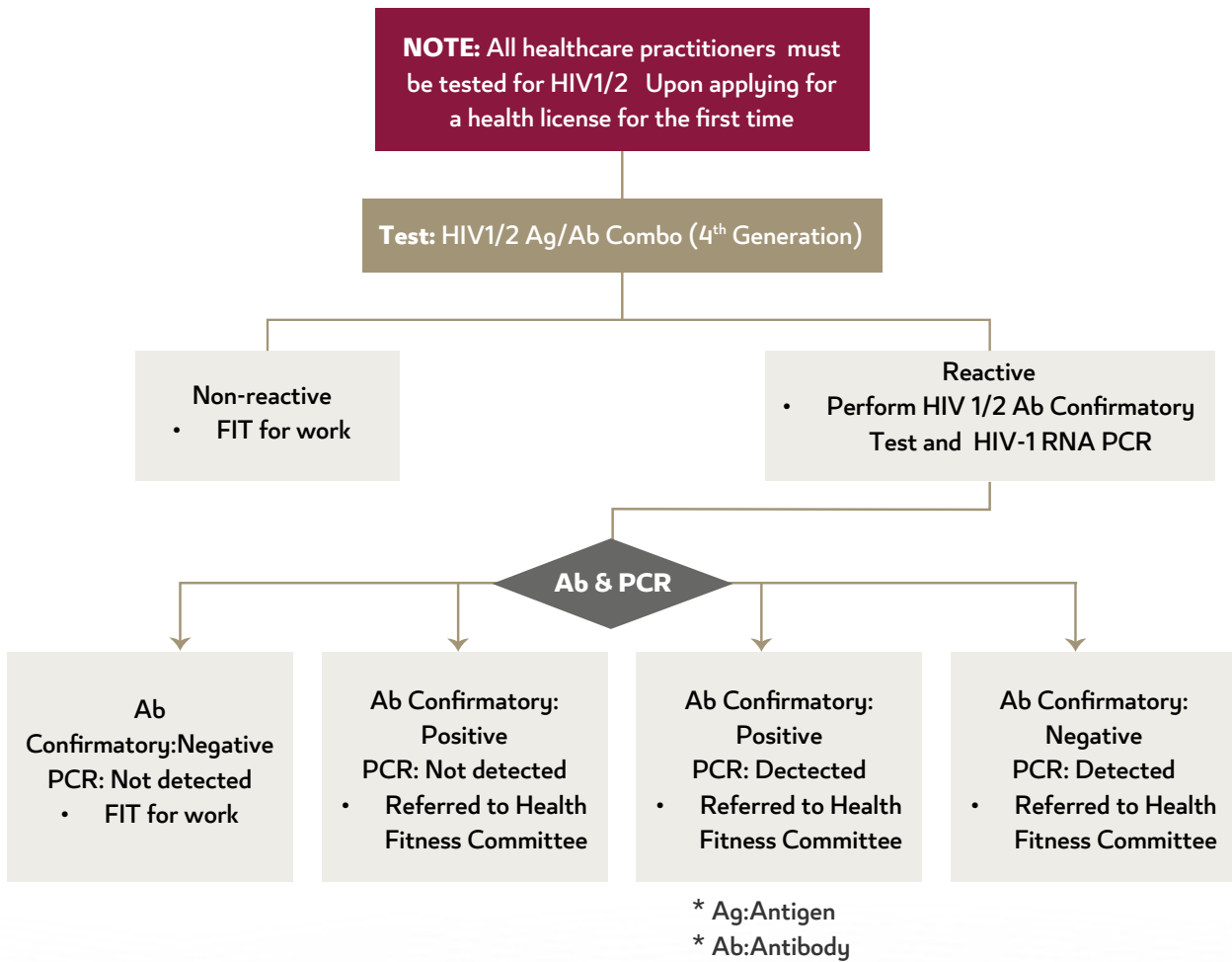
HCV Pre-employment Screening Flowchart

NOTE: All healthcare practitioners involved in EPPs must be tested for Anti- HCV

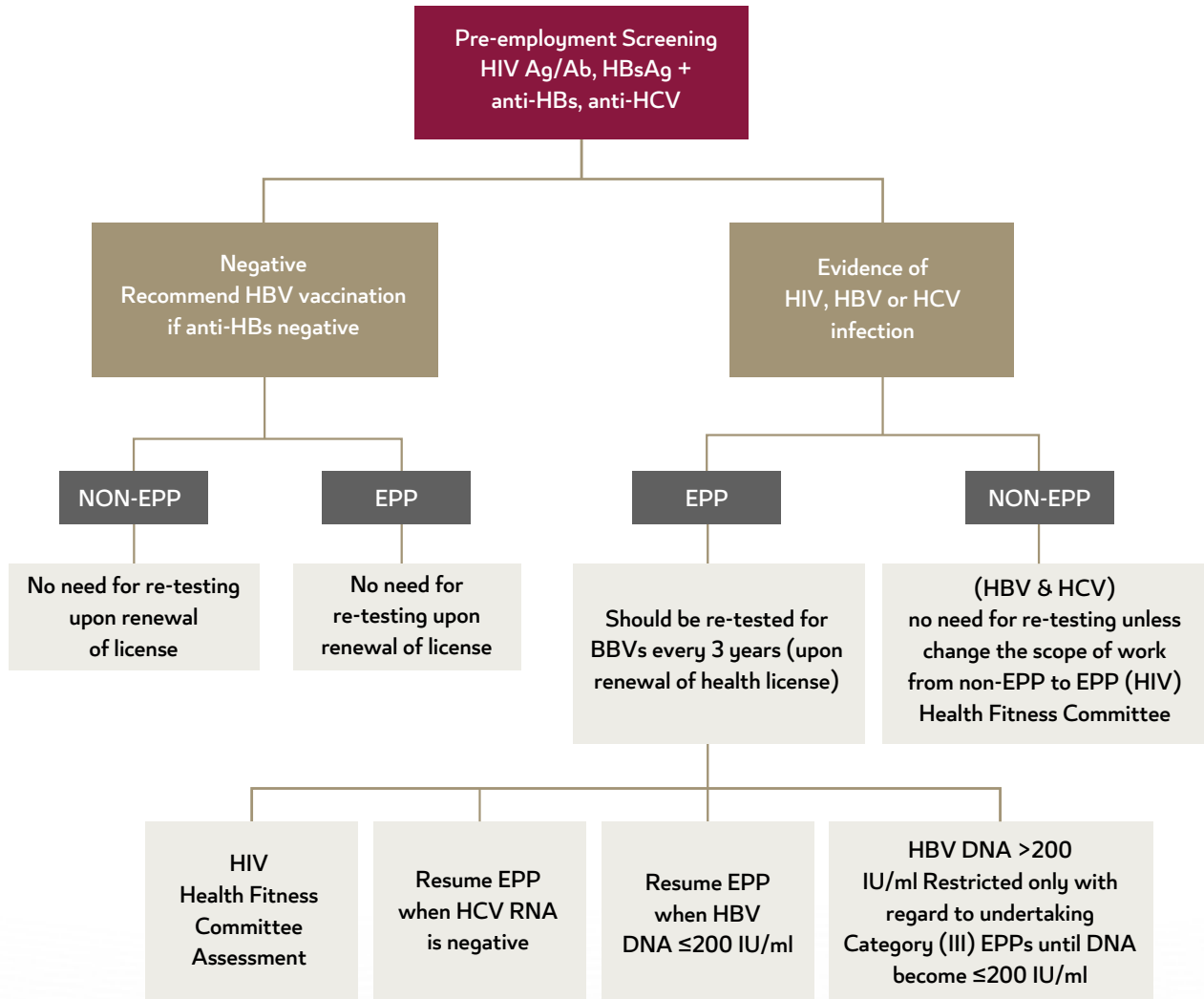
- Upon initial licensing
- Every 3 years at license renewal



HIV Pre-employment Screening Flowchart



Flowchart for Pre-employment Screening for Blood Borne Viruses (BBVs)





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