



تعميم رقم (2019/1) * مُعدّل

من	إدارة التخصصات الصحية
إلى	• كافة الممارسين الصحيين المرخصين في دولة قطر (القطاعين الحكومي وشبه الحكومي والخاص) • كافة ضباط الاتصال في دولة قطر (القطاعين الحكومي وشبه الحكومي والخاص)
الموضوع	تطبيق سياسة تقييم اللياقة الصحية للممارسين الصحيين في الدولة (الأمراض الإنتقالية)
التاريخ	21 أبريل 2019

"تهديكم إدارة التخصصات الصحية بوزارة الصحة العامة أطيب التمنيات"

في إطار سعي إدارة التخصصات الصحية على بيئة صحية آمنة لجميع الجهات المختصة بتقديم الرعاية الصحية من خلال ممارسين صحيين مؤهلين صحيا للتعامل مع كل الحالات، فقد تم إعداد سياسة خاصة لتقييم اللياقة الصحية للممارسين الصحيين في الدولة (الأمراض الانتقالية)، وذلك بعد دراسة ما هو متبع في الدول المتقدمة واضعين في الاعتبار سلامة كلاً من مقدمي ومستقبلي الرعاية الصحية.

وعليه فسيتم تفعيل هذه السياسة والبدء بتطبيقها من تاريخ إصدار هذا التعميم.

مرفق السياسة المشار إليها.

• ملاحظة: تُلغى هذه السياسة أي سياسة/تعاميم سابقة في ذات السياق

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شاكرين لكم حسن تعاونكم



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DOCUMENT CONTROL

REVISION HISTORY

Name	Date	Changes	Version

REVIEWS BY DEPARTMENT OF HEALTHCARE PROFESSIONS

Name	Date	Organization/Position	Version

APPROVALS BY DEPARTMENT OF HEALTHCARE PROFESSIONS

Name	Date	Organization/Position	Version



1. Objective

Department of Healthcare Professions aims to:

- Promote patient and Healthcare workers' safety while providing risk management, particularly while performing exposure-prone procedures.
- Provide a framework for the health clearance of Healthcare workers and the management of Healthcare workers infected with blood borne viruses.
- Maintain public confidence in the healthcare workforce
- Remind Healthcare workers 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

MOPH: Ministry of Public Health

DHP: Department of Healthcare Professions

HCW: Healthcare Worker

EPPs: Exposure prone procedures

HMC: Hamad Medical Corporation

HIV: Human immunodeficiency virus

HBV: Hepatitis B Virus

HCV: Hepatitis C Virus

HBs-Ab: Hepatitis Surface Antibody

HBs-Ag: Hepatitis Surface Antigen

HBcAb : Hepatitis Core Antibody

PTb: Pulmonary Tuberculosis

Ab/Ag: Antibody/Antigen

AFB : Acid Fast Bacilli



3.. Definitions

Health fitness Assessment: Health Fitness is an important first step in any physically demanding occupation and should be an integral part of an organization's health promotional program.

Medical fitness to practice: means that healthcare workers are free from communicable diseases (Hepatitis B, C and HIV) & TB and can practice safely.

Fitness tests – also called **fitness** evaluations or assessments – include various **tests** and measurements that help determine HCW overall health and **physical fitness to practice to determine if he/she is jeopardizing the patient safety to transmit any of the communicable diseases or pulmonary tuberculosis**

Exposure prone procedures: include procedures where the Healthcare worker'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 Workers: all people engaged in actions whose primary intent is to enhance health (As per WHO)

4. Policy

- All Healthcare workers assigned/working in a licensed healthcare facility in the State of Qatar must adopt the Health Screening and Immunization Policy for Healthcare workers in accordance to country's regulations.
- **Transmission of Blood borne viruses from Healthcare workers 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 workers are protected from the risk of acquiring life threatening infections as a consequence of the patient' management, and also maintain safe working environment.
- The management of healthcare facilities must ascertain that healthcare workers 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 workers 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 workers have a clear responsibility to:

1. Know their infectious status,
2. Follow the treatment recommended by their care providers.

5. Institutional and Implementation Arrangements

- It is the responsibility of the Healthcare workers, employer/ facility management (including self-employed Healthcare workers) to ensure that healthcare workers 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 vaccine and provided one.
- All healthcare facilities should report directly to the Department of Healthcare Professions in case there is any change in their Healthcare workers medical report, and they should provide current and previous tests/ investigations carried out for the affected Healthcare workers.
- Healthcare workers are highly encouraged to do screening and immunization unless advised otherwise by the institute of Occupational Health Services.

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

Following documents are required for health evaluation of a healthcare worker 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 workers before disclosing his / her condition to their employer.



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

Healthcare workers Applying for a license for the first time:

Blood tests, chest x-ray are required from all healthcare worker's categories applying for new license.

Healthcare workers Applying for license renewal:

All Healthcare workers who are not performing EPPs (Non-EPPS healthcare workers) are not required to submit blood screening for blood borne viruses for renewal of their license. this includes, but is not limited to, the following:

1. Physicians E.g.: (Family physicians, Internists, Radiologist, clinical pathologist)
2. Laboratory works
3. Radiographers / Radiology Technologist / Technicians
4. Pharmacist
5. pediatrician

Note: All Healthcare workers who perform EPPs should be screened every 4 years as a pre-requisite for renewal of their license, this includes, but is not limited to, the followings:

1. General surgeons who are performing 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. Dentists who are doing General oral surgery
8. Midwives,
9. Oral and Maxillofacial Surgeons,
10. cosmetic dermatologists,
11. Interventional Radiologists,

Note: a full list with all specialties are required to submit blood screening for license renewal will be published soon.



8. Medical Reports from Medical Commission Department:

In case an application for health fitness evaluation of a healthcare worker is received from the Medical Commission Department or from the healthcare worker , it should be of two types:

- **Fit to practice;** where Department of Healthcare Professions is assured by the Medical Commission that the healthcare worker 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 worker has no evidence of HIV/HBV/HCV infections 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 worker.

9. General Consideration

- 1- **Preventive measures:** Educational programs and training to encourage applying all preventive measures which represent the cornerstone in preventing transmission of infection between patient and healthcare worker. This includes: possible risks and prevention, preventive intervention, Implementation of standard precautions and HBV Vaccine
- 2- **Reporting & Management of an occupational exposure:** Access to healthcare workers who can provide post-exposure care should be available
- 3- Restrictions concerning the practices of blood borne infected Healthcare workers who don't carry out exposure prone procedures are not justified.
- 4- Infected healthcare workers with HBV or HCV restricted with regards to undertaking only EPPs
- 5- **HBV Vaccine:** Healthcare workers are highly encouraged to receive the vaccines for hepatitis B virus, particularly those are exposed to blood and body fluids and those with post - vaccination anti-HBs levels, 1-2 months after vaccine completion, ≥ 10 mIU/mL is considered as responders.
- 6- **Screening:** will be for all Healthcare workers in the Pre-Licensing status. For Healthcare workers exposed to EPPs or those who change their scope of work from non-EPP to EPP, screening should be done every 4 years with license Re-newal .



7- **If chest x-ray cannot** be done for acceptable reason such as pregnancy, this can be replaced / substituted with QuantiFERON TB test and for abnormal test results the Department of Healthcare Professions will request further investigations from the healthcare worker.

8- **Update in Healthcare workers infected with HBV & HCV :**

• **For HBV :**

- Healthcare workers who are HBsAg positive with HBV DNA level < 200 mIU/ml-----
-→ **No work restriction,**
- Healthcare workers who are HBsAg positive HBV DNA level between 200 - 20,000 mIU/mL---→ **No work restriction,** if They are on continuous antiviral therapy and viral load suppressed <200 mIU/ml
- Healthcare workers who are HBsAg positive who have a pre-treatment HBV DNA level above 20,000 mIU/ml remain **restricted with regard to undertaking only EPPs,**

• **For HCV:**

All Healthcare workers who are involved in EPPs should be tested for HCV antibody; those who are HCV antibody positive should have their HCV RNA load (PCR) checked. Healthcare workers with documented HCV infection should be offered antiviral therapy. Those who achieved sustained virological response for ≥ 3 months will be permitted to perform EPPs.



10. Screening Policy and Procedure

Pre-Licensing Screening:

Hepatitis B Virus (HBV) :

Requested tests are: , HBs-Ab , HBc-Ab, HBs-Ag , HBV PCR

Lab test	Additional Tests	Fitness category
HBs-Ab Positive >10 mIU/ml	HBs-Ag negative	Fit
HBs-Ab negative	HBs-Ag negative	fit for work and encourage vaccination
HBs-Ag positive and / or HBc-Ab positive	HBV DNA level < 200 mIU/ml	Fit No restriction
HBs-Ag positive and / or HBc- Ab positive	HBV DNA level between 200 - 20,000 mIU/mL--	Fit : No restriction, if They are on continuous antiviral therapy and viral load suppressed <200 IU ml
HBs-Ag positive and / or HBc-Ab positive	pre-treatment HBV DNA level above 20,000 mIU/ml	<u>Restricted with regard to undertaking only EPPs</u>

Hepatitis C Virus (HCV):

Requested tests are : HCV Ab , HCV PCR

Lab test	Additional tests	Fitness category
HCV Ab Negative	-	Fit
HCV Ab Positive	Hepatitis C virus RNA Negative	Fit
HCV Ab Positive	Hepatitis C virus RNA Positive (Twice / 3 month apart)	fit, except for healthcare workers performing EPPs (temporary until viral clearance), those to be referred to health fitness Committee and resume all procedure activity after viral clearance



HIV / AIDS:

Requested Test are: ELISA HIV1,2 Ag/Ab Combo test (4th Generation) ,Western Blot Or PCR

Disease	Screening test	Confirmatory test (If screening test Positive)	Fitness category
HIV/AIDS	ELISA HIV1,2 Ag/Ab Combo test (4th Generation)	Western Blot and PCR	health fitness Committee assessment

Pulmonary TB / Latent TBI:

Requested tests: as shown the table below

Pulmonary TB	CXR	Rule out activity in the presence of Radiological changes	No action	fit after appropriate treatment and in accordance with CDC
	AFB Smear , Culture and MTB PCR	2 consecutive Sputum		
Latent TB	PPD or QuantiFERON TB Gold Plus Test		LTBI treatment	Fit

* in case of suspected pulmonary Tb to refer to CDC

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

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



*** Important Note:**

All the staff should be encouraged to be fully vaccinated.

1. Should be evidence of annual influenza vaccine
2. Test of immunity to Measles, Mumps and Rubella(MMR) or documented evidence of 2 doses MMR vaccinations
3. Evidence of pertussis containing booster within last 10 years
4. history of chickenpox disease or documented positive immunity test or documented showing 2 X doses of chickenpox vaccine

Pregnant Healthcare workers :

- Pregnant Healthcare workers are not at greater risk of contracting infectious diseases than are other healthcare workers who are not pregnant, however, if a healthcare worker 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 workers 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.

Healthcare workers with Exudative Lesions or Weeping Dermatitis

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



11. 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 [ie, 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-laposcopic 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 workers 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



12. References

- Health Clearance For Healthcare Workers And The Management Of Healthcare Workers Infected With Blood borne Viruses (Hepatitis B, Hepatitis C And HIV)
- Canberra Hospital and Health Services / Clinical Procedure / Blood Borne Virus in Health Care Workers
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- CDC. Testing for HCV Infection: An Update of Guidance for Clinicians and Laboratorians. MMWR 2013; 62(18): 362-5
- This policy will be reviewed and updated every 3 years .