



CIRCULAR NO. (07/2022)

From	:	Department of Healthcare Professions
To	:	<ul style="list-style-type: none">• All Healthcare Practitioners in the state of Qatar (Governmental & Private sector)• All Healthcare Facilities/ focal points in the state of Qatar (Governmental & Private sector)
Subject	:	Health Fitness Assessment Policy in Qatar
Date	:	26 May 2022

Greetings from the Department of Healthcare Professions,

As part of the Department of Healthcare Professions' efforts to maintain a safe and healthy environment for all concerned authorities to provide healthcare services through qualified and fit healthcare practitioners to deal with all healthcare cases, DHP elaborates a specific policy to assess the health fitness of healthcare practitioners in the country based on international best practice, considering the safety of healthcare providers & patients. Accordingly, this policy will be activated and implemented from the date of issuing this.

The referred policy attached.

Note: From the date of issue of this circular all the previous circulars/policies related to health fitness assessment are cancelled/abolished.

For inquiries, please contact: DHPRegistration@MOPH.GOV.QA

Thanks for your cooperation

Registration Section - Department of Healthcare Professions

The Ministry of Public Health



Policy Name: Health Fitness Policy – Department of Healthcare Professions
Policy Code:
Version Number: 3.0 (revised)
Developed By: Department of Healthcare Professions
Reviewed by / Date: May 2022
Approved by / Date: May 2022 Dr. Saad Rashid M. M. Al Kaabi - Senior Consultant Gastroenterology- Hepatology / Head of Gastroenterology - hepatology Department / HMC, Director / DHP Dr. Muna A. Rahman S. Al Maslamani - Senior Consultant Infectious Disease / Director of CDC - HMC Dr. Moutaz Farouk Mahmoud Derbala - Senior Consultant Gastroenterology- Hepatology, HMC Dr. Ahmed Ismail Ahmed Ismail - Senior Consultant, Section Head- Laboratories /Medical Commission, MOPH. Dr. Yasser Medhat Kamel Roshdy - Consultant Gastroenterology- Hepatology, HMC
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Validity: This policy is the main and a valid policy until updated, replaced, or canceled cancelled by the Department of Healthcare Professions. Update, replacement or cancellation of this policy may occur when needed.
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DOCUMENT CONTROL

Revision History

Name	Date	Changes	Version
Committee	March 2021		Rev 3.0
	April 2021		
	April 2022		
	May 2022		

Reviews by Department Of Healthcare Professions

Name	Date	Organization/Position	Version
Dr. Saad Al- Kaabi	May 2022	Ministry of Public Health	Rev 3.0
Dr. Muna Al Maslamani		Hamad Medical Corporation	
Dr. Moutaz Derbala		Hamad Medical Corporation	
Dr. Ahmed Ismail		Medical Commission	
Dr. Yasser Roshdy		Hamad Medical Corporation	
Dr. Rida Abdulmounim		Ministry of Public Health	
Ms. Habiba Al Kuwari		Ministry of Public Health	

APPROVALS by Department Of Healthcare Professions

Name	Date	Organization/Position	Version
Dr. Saad Al- Kaabi	May 2022	Ministry of Public Health	Rev 3.0
Ms. Jawaher Al-Ali			
Dr. Souma Eltorky			
Ms. Hissa Al-Abdulla			

1. OBJECTIVE

Department of Healthcare Professions 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

Ab/Ag: Antibody/Antigen

AFB: Acid Fast Bacilli

BBVs: Blood Borne Viruses

DHP: Department of Healthcare Professions

EPPs: Exposure prone procedures

HCW: Healthcare practitioner

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

LTBI: Latent TB Infection

MOPH: Ministry of Public Health

PTB: Pulmonary Tuberculosis

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 practitioners 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's overall health and physical fitness to practice to determine determining if he/she is jeopardizing the patient's safety to transmit any of the communicable diseases or pulmonary tuberculosis.

Exposure prone procedures: include 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: all people engaged in actions whose primary intent is to enhance health (As per WHO)

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 to with the country's regulations.
- **Transmission of Bloodborne 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 management and maintaining also 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 the risk of transmitting the 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 EPP according to this policy

5. INSTITUTIONAL & 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, counsellingcounselling, 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 vaccines and provided ones.
- All healthcare facilities should report directly to the Department of Healthcare Professions in case there is any change in their Healthcare practitioners' medical reports, 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 inof scope of work of the healthcare practitioners from non-EPP to EPP and the healthcare work should not start performing EPP before obtaining clearance from the Department of Healthcare Professions
- Healthcare practitioners are highly encouraged to do screening and immunization unless advised otherwise by the institute of Occupational Health Services.
- All HCW who stop antiviral treatment for any reason, they must immediately stop performing the EEPs and seek the advice of their treating physician.
- EPPs and seek the advice of their treating physician.
- If the HCW who stopped the treatment and his HBsAg remains positive but with HBV DNA levels below 200 IU/mL, the HCW 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 FOR THE HEALTH FITNESS EVALUATION IN APPLYING FOR LICENSING:

Following documents are required 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:

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

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 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 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 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 invasive Procedure
8. Midwives
9. Oral and Maxillofacial Surgeons
10. cosmetic dermatologists
11. Interventional Radiologists

8. MEDICAL REPORTS FROM MEDICAL COMMISSION DEPARTMENT

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

- **Fit to practice;** where the Department of Healthcare Professions is assured by the Medical Commission that the healthcare practitioner is Fit 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 infections and No evidence of active PTB or inadequately treated PTB if chest x-ray is done)
- **Abnormal test results;** results, where the Department of Healthcare Professions should request further investigations from the healthcare practitioner.

9. GENERAL CONSIDERATION

1. **Preventive measures:** Educational educational programs and training to encourage applying all preventive measures which represent the cornerstone in preventing transmission of infection between patient and healthcare practitioner. This includes:includes possible risks and prevention, preventive intervention, Implementation of standard precautions and HBV Vaccine
2. **Reporting & Management of an occupational exposure:** Access to healthcare practitioners who can provide post-exposure care should be available
3. Restrictions are not justified for blood borne infected healthcare practitioners who do not carry out exposure prone procedures
4. Infected healthcare practitioners with HBV or HCV are restricted only with regards to undertaking EPPs, until they obtained clearance from Department of healthcare professions
5. Healthcare practitioners are highly encouraged to receive the vaccine for hepatitis B virus, particularly those who are exposed to blood and body fluids. Healthcare practitioners with post-
6. vaccination anti-HBs level of ≥ 10 mIU/ml, 1-2 months after vaccine completion are considered as responders
7. **HBV Vaccine:** Healthcare practitioners 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.
8. **Screening for blood borne pathogens (HIV,HBV, HCV) and PTB will be done for all healthcare practitioners upon applying for health license for the first time, and for blood borne pathogens every year every years upon license renewal for those who conduct EPPs or those who change their scope of work from non-EPP to EPP.**
9. **If chest x-ray cannot** be done for acceptable reason such as pregnancy, this can be replaced / substituted with QuantiFERON TB Gold Plus test, and for abnormal test results, the Department of Healthcare Professions will request further investigations from the healthcare practitioner.
10. **Update on Healthcare practitioners infected with HBV & HCV:**
 - **For HBV:** All Healthcare practitioners who are involved in EPPs should be tested for HBsAg upon applying for health license for the first time and every 3 years upon renewal of the health license.;
 - Healthcare practitioners who are HBsAg positive with HBV DNA level < 200 mIU/ml-----à **No work restriction,**
 - Healthcare practitioners who are HBsAg positive with HBV DNA level > 200 IU/ml ----- remain restricted with regard to regarding undertaking Category (A) EPP.
 - **For HCV:** All Healthcare practitioners who are involved in EPPs should be tested for should be tested for HCV antibody antibodies upon applying for a health license for the first time and every 3 years upon renewal of health license., Those those who are HCV antibody positive should have their HCV RNA load (PCR) checked. Healthcare practitioners with documented HCV infection should be offered antiviral therapy. Those who achieved sustained virological response for ³ 3 months will be permitted to perform EPPs.

10. PRE-EMPLOYMENT SCREENING (SCREENING TEST AND FITNESS CATEGORY)

The below table was newly added and modified from the version 1 table

Requested tests are: Requested tests are: HBsAg, Anti-HBs, HBV-PCR

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

The below table was newly added and modified from the version 1 table

Requested tests are: anti-HCV, HCV PCR

Lab Test	Result	Action / Additional Test(s)	Fitness Category
Anti-HCV	Non-Reactive/Negative	None	FIT
Anti-HCV	Reactive/Positive	HCV-PCR Negative (Twice/4 weeks apart)	FIT
Anti-HCV	Reactive/Positive	HCV-PCR Positive	FIT Except for healthcare practitioners who performing EPPS They will be referred to health fitness committee and resume all procedures activity when HCV RNA is NEGATIVE

The below table was newly added and modified from the version 1 table

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

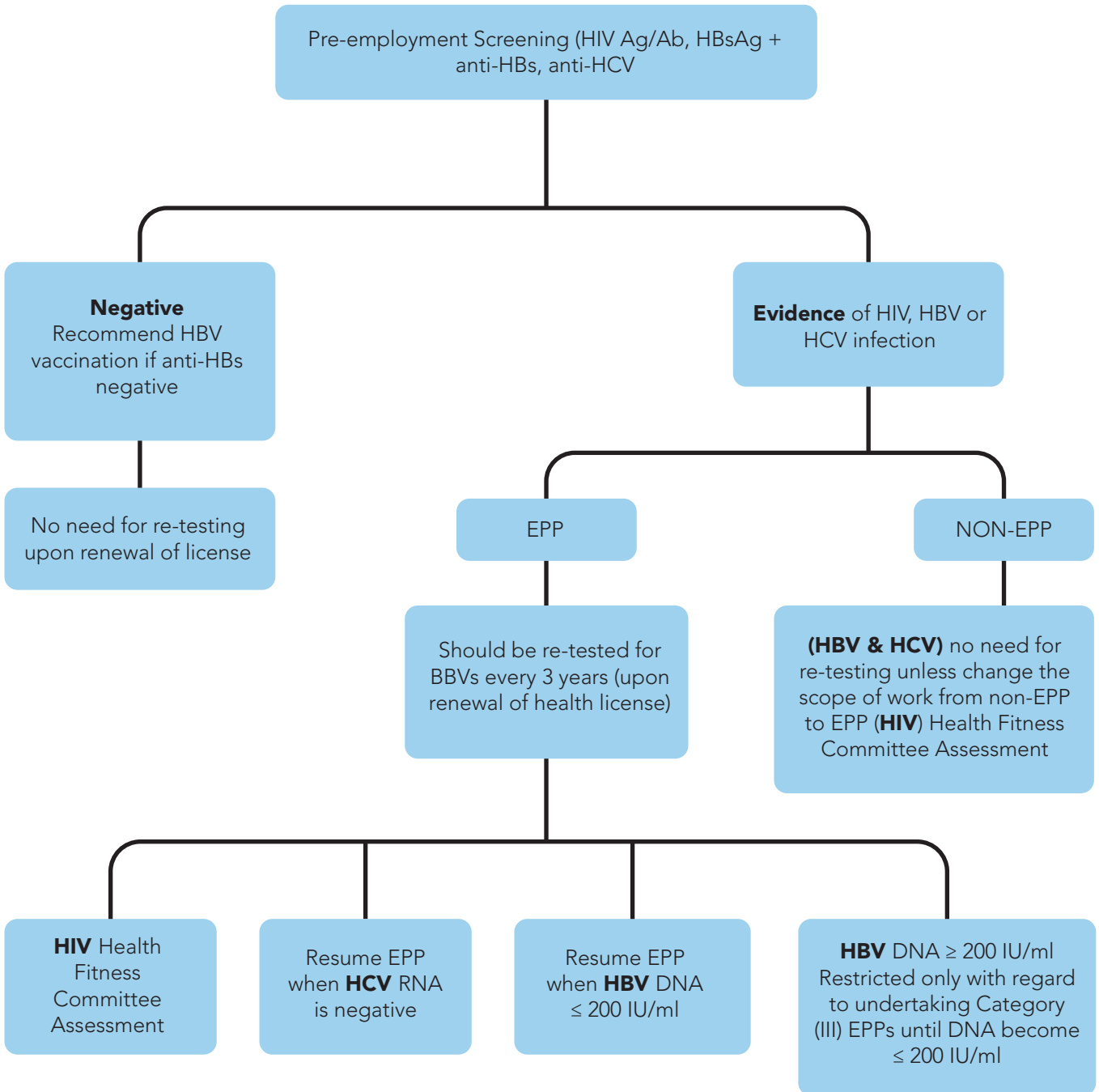
Lab Test	Result	Action / Additional Test(s)	Fitness Category
HIV1,2 Ag/Ab Combo Test (4th Generation)	Non-Reactive/ Negative	None	FIT
HIV1,2 Ag/Ab Combo Test (4th Generation)	Reactive/Positive	Western Blot (Negative) PCR (Negative)	FIT

HIV1,2 Ag/Ab Combo Test (4th Generation)	Reactive/Positive	Western Blot (Positive) PCR (Positive)	Health Fitness Committee Assessment

		Western Blot (Positive) PCR (Negative)	

		Western Blot (Negative) PCR (Positive)	

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



Screening for Pulmonary Tuberculosis (PTB)

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 for LTBI Assessment	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

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

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 at the Healthcarehealthcare practitioner'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 practitioners:

- Pregnant Healthcare practitioners are not at greater risk of contracting infectious diseases than are other healthcare practitioners who are not pregnant. However, , 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.

Healthcare practitioners with Exudative Lesions or Weeping Dermatitis

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

11. CATEGORIZATION OF HEALTHCARE-ASSOCIATED PROCEDURES ACCORDING TO LEVEL OF RISK 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)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-laparoscopiclaparoscopic 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, alveoloplasty or alveolectomy, and endosseous implant surgery guidelines 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.

12. REFERENCES

- Health Clearance For for Healthcare practitioners And and The Management Of of Healthcare practitioners Infected With with Bloodborne Viruses (Hepatitis B, Hepatitis C And HIV)
- Canberra Hospital and Health Services / Clinical Procedure / Blood Borne Virus in Health Care Workers
- 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
- 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 .years.

Dr. Saad Rashid M. M. Al Kaabi

Head of Gastroenterology /Hepatology Department HMC,

Director / DHP

Dr. Muna A. Rahman S. Al Maslamani

Senior Consultant Infectious
Disease, Director of CDC - HMC

Dr. Moutaz Farouk Mahmoud Derbala

Senior Consultant Gastroenterology/
Hepatology HMC

Dr. Ahmed Ismail Ahmed Ismail

Senior Consultant, Section Head Laboratories
/Medical Commission, MOPH.

Dr. Yasser Medhat Kamel Roshdy

Consultant Gastroenterology- Hepatology,
HMC