

Policy Title: Employment Screening and Periodic Medical Examination

Department/Unite:

Infection Control Unit

Policy Number:

UOJ-MSA-IC-P/03

Replaces No.:

Creation Date: 10/11/2022

Effective Date:

Review Date:

Revision History

Subject	Changes made	Done by	Revision date

1. **CONDITIONS:** 1.1 Occupational health clinic and human resources department
2. **PURPOSE:** 2.1 To protect patients from hospital acquired infection.
2.2 To protect staff ,visitors and community from getting infections from patients or other staff members and to maintain their good health
3. **DEFINITIONS:** None
4. **Related Documents:** 4.1 Hand Hygiene (UOJ-MSA-IC-P/09)
4.2 Masking (UOJ-MSA-IC-P/19)
4.3 Personal Protective Equipment (UOJ-MSA-IC-P/30)
5. **POLICY:** 5. It is the University of Jeddah Medical Center to establish an employee health care program to ensure the wellbeing and safety of all workers in the institution and protect patients from contracting communicable infections from the healthcare workers.
6. **PROCEDURES:** The employee health program will perform and record a pre-employment health assessment for all newly hired healthcare workers. The pre-employment assessment includes but not limited to the following elements:
6.1. Complete medical history and physical examination.
6.2. Complete occupational history.
6.3. Vaccination history.
6.4 Investigations:
6.4.1 Chest X-ray, complete blood count (CBC), liver and renal function tests.
6.4.2. HBV, HCV, and HIV screening.
6.4.3 If vaccinated against HBV, a HBsAb titer should be performed.
6.4.4 If vaccinated or has previous natural infection with Measles: Mumps, Rubella or Varicella, document of the presence of protective serum IgG against those infections is mandatory.

6.4.5 A purified protein derivative (PPD) (2 step) skin test for tuberculosis or Interferon-gamma release

assay (IGRA) - Assure employees of confidentiality.

6.5 Make sure the worker fills out an occupational and medical history questionnaire.

6.6 Review past illnesses and chronic diseases, particularly atopic diseases such as eczema and asthma,

lung diseases, and cardiovascular disease.

6.7 Review symptoms, especially shortness of breath or labored breathing on exertion, other chronic respiratory symptoms, chest pain, high blood pressure.

6.8 Identify individuals who are vulnerable to particular exposures (e.g. surgeons, gynecologists an obstetricians, anesthesiologists, and technicians, laboratory and blood bank workers exposed to blood and other body fluids, radiologists and technicians exposed to radiations, etc.) (IGRA).

Physical examination	Complete general examination	All HCW	Annually
Blood	Screening for HBV,HCV, HIV	HCW in places that require direct contact with patient's blood or body fluids e.g. anesthesiologists, surgeons	Routine or mandatory HIV, HBV, and/or HCV testing of all HCWs is NOT recommended,
Serology	Immunization status for measles, mumps, varicella	Repeating not required if proved immunity or pre employment vaccination established	
Blood function	Blood tests Complete blood count (CBC) with differential and platelet evaluation, including white blood cell count (WBC), red blood cell count (RBC), hemoglobin (HGB)	Physicians and technicians working in radio diagnostic or radio therapeutic departments	Biannually
Reticulocyte count may be appropriate if there is a likelihood of exposure to hemolytic chemicals	Physicians and technicians working in chemotherapeutic departments.		

Urinalysis	Color; appearance; specific gravity; pH; qualitative glucose, Protein, bile, and acetone; occult blood; microscopic examination of centrifuged sediment. Tests for drugs.	Repeating not recommended	
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TB screening	Two-step TST or IGRA	HCW who are suspected to be exposed to acquire T.B infection during work e.g. chest physicians and those working in isolation departments.	After baseline testing for infection with M. tuberculosis, HCWs should receive TB screening annually (i.e., symptom screen for all HCWs and testing for infection with M. tuberculosis for HCWs with baseline negative test results).
Chest X - ray	Recommended for workers with positive PPD	HCWs with a baseline positive or newly positive test result Chest radiographs help differentiate between LTBI and pulmonary MTB disease in Individuals with positive TST results	

7. **RESPONSIBILITIES:** 7.1 Accountable to the Infection Prevention Control Practitioner/Committee.

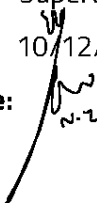
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8. **Appendix:** N/A


9. **REFERRANCES:** 9.1 Ministry of Health Manual for Infection Control

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Prepared By:

Name: Mr. Nawaf A. Alzahrani
Position: Supervisor, Infection Control Unit
Date: 10/12/2022
Signature: 

Reviewed By:

Name: Dr. Eman Balbaid
Position: Supervisor, General Clinics
Date:
Signature: 

Recommended By:

Name: Mrs. Ahlam Alrefai
Position: Supervisor, Quality&Patient Safety Unit
Date:
Signature: 

Approved By:

Name: Dr. Mansour Tobaigy
Position: Supervisor, Medical Services Administration
Date:
Signature: 