

CGP102

OCCUPATIONAL HEALTH PROGRAM, POLICY, PROCESSES AND PROCEDURES

Table of Contents

1. POLICY INTRODUCTION	4
2. SCOPE	4
3. ROLES AND RESPONSIBILITIES	4
4. POLICY STATEMENT	5
4.1. Pre- employment screening	5
4.2. Periodic screening	6
4.3. Vaccination	6
4.4. Change in Health Status	7
4.5. Sick Leave	9
4.6. Occupational Injury/ Illness	10
4.7. Post- exposure to Communicable Disease	12
4.8. Post- exposure to Hazardous Materials	12
4.9. Health Surveillance	12
4.10. General Health and Well- being	12
4.11. Occupational Health Records	14
5. RELEVANT LEGISLATION	14
6. KEY PROCESSES	16
6.1. Pre- employment screening	17
6.2. Periodic Screening	18
Work health assessment for employee that will change roles category	20
6.3. Vaccination	21

6.4.	Change in Health Status	28
6.5.	Sick Leave	29
6.6.	Resumption of Normal Duties	30
6.7.	Post Occupational Injury Follow-up	31
6.8.	Peer Support Network	32
7.	RELATED POLICIES & PROCEDURES	33
8.	FEEDBACK	33
9.	DOCUMENT CONTROL AND OWNERSHIP	33
10.	APPENDIX	35
	APPENDIX 1: Pre- employment Screening for Clinical Staff	35
	APPENDIX 2: Pre- employment Screening for Non- Clinical Staff	40
	APPENDIX 3: Post Exposure to Hepatitis B Prophylaxis	41
	APPENDIX 4: Infectious Disease Classification	42

1. PROGRAM & POLICY INTRODUCTION

National Ambulance wish to ensure that all their employees are fit for employment, are screened and monitored to ensure standards are met specifically for clinical and non-clinical employees who are in contact with patients. In accordance with the requirements set out by the Department of Health (DoH), Ministry of Health and Prevention (MOHAP) and Abu Dhabi Occupational Safety and Health (OSHAD), National Ambulance is required to have a program, policy and procedure for Occupational Health and Safety. This ensures that all employees fulfill the requirements in order to provide quality and safe healthcare and support services and to deal with any health related issues that may arise.

2. SCOPE

This program, policy and procedure applies to all National Ambulance employees being recruited to, and working for National Ambulance.

3. ROLES AND RESPONSIBILITIES

Chief Administrative & Medical Officer (CAMO) has overall responsibility with regard to implementation of the program, policy, review and initiating revision of the policy. The CAMO also has overall responsibility for all clinical content and procedures of this policy, any associated medical communications and documentation, for reviewing notifications to or from DOH or other relevant agencies.

Chief Operations Officer (COO)/ Delegate has responsibility for oversight of the elements of this Program, Policy and Procedure relevant to operational employees.

Human Resource and Corporate Services Manager (HR & CSM) has responsibility for implementing the policy and procedure relevant to staff Recruitment, onboarding, staff retention, sick leaves, and occupational injury compensation. HR & CSM also has responsibility for oversight of the elements of this Program, Policy and Procedure relevant to non-operational employees.

QHSE is overall responsible in ensuring health and safe work environment for all National Ambulance employees. QHSE is also responsible in overall hazard identification, risk assessments, receiving QHSE reports from all NA employees, facilitating needed investigations and communicating to Occupational Health all OH related hazards, risks, issues and concerns.

Managers are responsible for ensuring and monitoring the compliance to this policy and procedure by all employees.

Occupational Health Nurse (OHN) is responsible for facilitating the program, policy and procedure and monitoring the compliance with it by all employees. OHN has responsibility of proper staff health follow-up, managing records of immunization program and health screenings. OHN is also responsible in monitoring incidents related to OH and staff sick leaves.

All **employees** are responsible for following the relevant elements of the policy and procedures and providing relevant supporting documentation as required.

4. POLICY STATEMENT

This policy identifies general requirements for fitness as well as specific requirements for occupational health screening/fitness- to- work and medical surveillance for all employees in performing their duties. It also tackles OH program in maintaining the well- being of all employees. Occupational Health Program and policy orientation must be a part of Onboarding induction for all staff.

All screening questionnaires and any additional information will be treated as highly confidential and handled by Occupational Health only.

4.1. PRE-EMPLOYMENT SCREENING

Pre- employment screening is composed of health examinations performed to assess an employee candidate fitness to work. All employee candidates shall fill and submit the **CGF175 Employee Health General Questionnaire** before Job interview.

Form Number	Form Name
CGF175	Employee Health General Questionnaire

If further information is required, the individual may be contacted by an OH or HR representative. CGF157 National Ambulance exclusion criteria for pre- employment screening waiver should be signed by the clinical employee candidate prior to screening. The screening shall be done prior to employee on-boarding and to be performed by recognized Occupational Health Facility of National Ambulance. Screening results should be within 6 months to joining date. See Appendix 1 and 2 for Clinical and Non-clinical employee candidates' Pre- employment screening standard requirements. This screening is mandatory for Clinical employees. Non- clinical employee screening is subject to CAMO/ delegate advice. Candidate that does not meet NA screening standards will be marked as UNFIT to work and recruitment team will be informed.

STAFF CATEGORY	STAFF	PRE-EMPLOYMENT SCREENING STANDARD REQUIREMENTS
Clinical employees	Doctors, EMTs, Paramedics, Clinical Educators, Pharmacist, OH Nurse	See Appendix 1.
Non-clinical employees with direct patient and/or medical waste contact	Fleet staff and drivers, Logistics staff, etc.	See Appendix 2 with Hepatitis B titre
NON- Clinical employees with no patient and/or medical waste contact	Administrative staff, Finance, Dispatchers, Call takers	See Appendix 2

All submitted health forms and reports are subject to CAMO/ Delegate's review and approval and to be stored securely as soft copy in OH folder.

4.2. PERIODIC SCREENING

Periodic Screening tests will be conducted to all Clinical National Ambulance employees every 3 years or prior to visa renewal for expatriate employees. **CGF176 Employee Health Declaration Form** shall be filled and submitted to Occupational Health. Non- clinical employees periodic screening test might be done as advised by CAMO/ delegate. Screening tests are as follows:

1.	Chest X-ray, HIV, Hepatitis B Antigen test (Done in Visa screening for expatriates)	Clinical and Non-clinical employees with direct patient and/or medical waste contact
2.	Hepatitis B Titre ,Hepatitis C Virus test	Clinical and Non-clinical employees with direct patient and/or medical waste contact
3.	Vital Signs, Height, Weight, BMI check	All Employees
4.	ECG	All Employees 40 years old and above
5.	Audiometry	Clinical employees assigned in special contracts that expose to high level of Occupational noise (e.g. helicopter contracts)
6.	Any other medical tests (Physical examination, Laboratory tests) subject to CAMO/ delegate advice	All Employees

- **WORK HEALTH ASSESSMENT FOR EMPLOYEE THAT WILL CHANGE POSITION CATEGORY**

HR will inform OH for employee who is already employed but is changing category (clinical to non-clinical and vice versa). CAMO/Delegate will advise if work health assessment/ screening is needed based on employee's medical history. Clinical employee who will be shifted to administration/ managerial position still needs to follow clinical health standards.

4.3. VACCINATION

Vaccinations are to be given to National Ambulance employees as clinically indicated and mandatory as advised by DOH/MOH to Clinical and non- clinical employees who are in direct contact with patients or medical waste. Non-clinical employees without patient contact will be offered with seasonal Influenza vaccination only but as optional. Employees are responsible in keeping and updating their vaccination cards. List of vaccines available for NA employees are as follows:

No	Name of Vaccine	Indication	Staff
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1.	Hepatitis B Vaccine	Unvaccinated staff or staff with low immunity levels (Low Hepatitis B Titer)	Clinical and non-clinical employees who are in direct contact with patients or medical waste
2.	Chicken pox/ Varicella Vaccine	Staff with negative history of Chicken Pox or staff with low immunity levels (Low serology titer)	Clinical staff only
3.	TDAP (Tetanus, Diphtheria, Pertussis) Vaccine	One dose upon joining and once every 10 years	
4.	MMR (Measles, Mumps, Rubella) Vaccine	Staff with low immunity levels (low serology titer)	
5.	Flu vaccine	All Staff – flu season vaccination	Mandatory for Clinical staff Optional for non-clinical staff

If an employee declines any mandatory immunization, he/ she must sign a **CGF173 Employee Vaccination Refusal Waiver**. Signed waiver will be submitted to CAMO/ Delegate for approval. OH will inform employee's line manager and HR. In case a staff declines to take mandatory immunization and refuses to sign **CGF173 Employee Vaccination Refusal Waiver**, OH will escalate this matter to higher management for further action.

- **NON- RESPONDER TO HEPATITIS B VACCINATION**

Upon screening, an employee who has Hepatitis B Titer of <10 mIU/ mL should receive 1 set (3 doses) of Hepatitis B vaccine (0,1, 6 months schedule) then Hepatitis B titer will be checked after 1-2 months of the 3rd dose. If Hepatitis B Titer is still <10 mIU/ mL, employee must receive another set of 3 doses Hepatitis B vaccine (0, 1, 6 months schedule). Again, Hepatitis B titer must be checked after 1- 2 months of the 3rd dose. If Hepatitis B Titer is still <10 mIU/ mL, employee will be labelled as **Non- responder to Hepatitis B vaccination** and considered susceptible to HBV infection. OH will counsel the employee about his status, the precautionary measures needed like double gloving etc., to prevent HBV infection. Then, the employee should sign **CGF174 Non-responder to Hepatitis B vaccination form**. This will be reported to CAMO/ Delegate, employee's line manager and HR.

4.4. CHANGE IN HEALTH STATUS

All employees are required to provide immediate notification to their line manager of any illness, injury or condition (including pregnancy) that may have an impact on their role. This information should be reported to OH by completing **CGF176 Employee Health Declaration Form** as soon as possible. All documentation submitted to OH will be reviewed by CAMO/ Delegate and will be kept in individual OH File.

All efforts will be made to accommodate the needs and treatment for individual employee as far as the business requirements allow, and within the terms of the employment contract.

- **EMPLOYEE TRAVELLING FROM HIGH RISK AREAS AND EXPERIENCING CLINICAL SYMPTOMS**

Any employee who travelled from high risk areas (within a week from date of arrival to UAE) and is experiencing any abnormal symptoms (not feeling well) must inform OH immediately and **CGF176 Employee Health declaration form** should be filled. CAMO/ Delegate will advise for further instructions. OH will check World Health Organization outbreak announcements or DOH/ DHA/ MOHAP health alerts.

• **LIGHT DUTIES (NON- PREGNANCY RELATED)**

All employees' specifically clinical employees should notify immediately/ as soon as possible their line manager if light duties are advised by their attending physician. Clear, colored scanned copy of the following documents must be sent to OH via email within 5 working days from the date of light duty request:

Part C of CGF177 Occupational Health Referral	Filled by attending licensed DOH/ DHA/ MOHAP Specialist/ Consultant with signature and stamp (license number)
Supporting documents	Medical report, laboratory/ imaging results

Original documents should be sent later thru Logistics team to OH when possible and to be filed in OH file.

All light duties request and supporting documents are subject for CAMO/ Delegate's Review, approval and maybe advise for second medical opinion as recommended by the CAMO/ Delegate if needed.

This is also applicable for any light duties extension.

• **SPECIAL REQUIREMENTS FOR NATIONAL AMBULANCE EMPLOYEES DURING PREGNANCY**

The National Ambulance employee must ensure that they comply with the extra requirements:

- Notification of pregnancy to OH with supporting document from a UAE (DOH/ DHA/ MOHAP) licensed obstetrician as soon as pregnancy is confirmed;
- Alert the line manager, OH and QHSE to any suspected hazards encountered in the work environment and in accordance with the National Ambulance **QHP 201 Risk Management Policy and Procedure**;
- Employees on normal operational duties are required to be on light duties starting from 20th week of pregnancy until delivery or as advised by the attending obstetrician if the gestational age is less than 20 weeks.

• **LIGHT DUTIES RECOMMENDED BY UAE LICENSED PHYSICIAN MODIFICATIONS MAY INCLUDE BUT ARE NOT LIMITED TO:**

- Modified working hours (if applicable)
- Reduced physical and mental workload than normal job duties
- Adjustment of shift patterns such as no night shifts

All of these normal duties modifications recommended by the attending physician and referred by the line manager are subject to CAMO/ Delegate review, approval and may require CAMO/ Delegate of contacting the attending physician for more clarifications/ inquiries.

4.5. SICK LEAVE

All operational staff must notify ACC, then ACC will inform line manager and OH via email as soon as possible. Non-Roster staff must notify line manager and OH via email. All sick leaves must be supported by sick leave certificate from a UAE licensed physician and licensed healthcare facility. Sick leave certificate with leave form should be submitted to HR as per **COP302 LEAVE POLICY AND PROCEDURE**. **All sick certificates should have a clear diagnosis and are subject to CAMO/ Delegate's approval in clinical aspect and may require CAMO/ Delegate to contact the attending physician for more clarifications/ queries.** HR is responsible in sick leave final approval.

Occupational Health will track sick leave trends, diagnosis and will keep a scanned copy of sick leave in each employee OH file.

If there is any additional requirement for the sick leave, it should be communicated by OH to staff via email with Line Manager on CC.

- **SICK LEAVE/S EXCEEDING MORE THAN 3 DAYS CONTINUOUSLY EITHER FROM ONE OR MORE SICK LEAVE CERTIFICATES**

Employee should attest the sick leave certificate/s with DOH/ DHA/ MOHAP if sick leave days taken is a total of consecutive 4 days or more.

- **SICK LEAVE DUE TO HOSPITAL ADMISSION**

Employee who has sick leave due to hospital admission must submit the required documents, medical report and discharge summary to OH.

- **SICK LEAVE 7 DAYS OR MORE**

Employee who has sick leave of 7 days or more should submit same documents as mentioned and fill **CGF177 Occupational Health Referral** then send it to OH.

- **OVERSEAS SICK CERTIFICATE**

Overseas sick certificate (outside UAE) should be attested by Health regulatory authority of the issuing country then will be attested by UAE Embassy at the same issuing country. This is subject to the CAMO/ Delegate's review and approval.

4.6. OCCUPATIONAL INJURY/ ILLNESS

All employees are responsible in following safety precautions in accordance with National Ambulance policies and procedures.

Occupational injury/ illness is any injury or illness sustained by the employee while performing his work or as a result of his duty. This includes but not limited to list of reportable serious injuries and occupational illness/ disease as mentioned in **QHP 201 Risk Management Policy and Procedure**; Body fluid exposure (Refer to **CGP 129 INFECTION CONTROL PROGRAMME**) identified as a needle prick injury, bites, or splash of body fluid to eyes or mouth, mucous membranes or open wounds. All employees should inform OH of the injury/ illness as soon as possible.

- NEEDLE- PRICK INJURY/ CONTAMINATED SHARPS INJURY**

Upon injury, employee should follow the procedures explained in **INFECTION CONTROL PROGRAMME CGP 129**. OH will follow the procedures detailed on **CGP 129**.

- BODY FLUID EXPOSURE**

Upon exposure, employee should follow the procedures explained in **INFECTION CONTROL PROGRAMME CGP 129**. OH will follow the procedures detailed on **CGP 129**.

All employees will be counselled following an occupational injury/ illness and required to fill the **CGF178 Occupational Injury questionnaire**. Post occupational injury/ illness follow- up duration and frequency will be as clinically indicated. For Body fluid exposure and Needle- prick injury, follow- up will be as the table below.

INTERVENTION TIME	DONOR PATIENT IS KNOWN CASE OF HIV/ HEPATITIS B/ HEPATITIS C	DONOR PATIENT REFUSED TO BE TESTED	DONOR PATIENT IS NOT INFECTED
Immediately	Follow- Post needle- prick/ sharps injury/ BFE procedures in CGP 129 INFECTION CONTROL PROGRAMME		
Immediately or within 24 hours after injury	Consider Immunoglobulin/ Antiretroviral drugs- as per attending physician advice		N/A
3 rd month from date of injury	Check HIV/ Hepatitis B/ Hepatitis C blood tests		
6 th month from date of injury	Check HIV, Hepatitis B, Hepatitis C blood tests		

For detailed management of staff post exposure to Hepatitis B positive or suspected patient, see Appendix 3.

- OCCUPATIONAL INJURY EXCLUSIONS**

An injury will not be considered as occupational injury in the following circumstances:

- Employee deliberately injured himself with the intention of committing suicide, obtaining compensation or sick leave and light duties
- Employee is under the influence of alcohol or drugs on the time of incident
- Employee intentionally breach the workplace safety precautions
- Injury is a result of grave and deliberate misconduct on employee's part
- Employee refuses to undergo medical examination and treatment ordered by attending physician and/ or NA CAMO/ Delegate

• SAFETY PRECAUTIONS IN EACH CONTRACT

All employees are responsible to follow the safety precautions as per QJP201 Risk Management policy and procedure.

All occupational injury/ illness complications that include but not limited to partial and permanent disability will be reported by OH to HR and higher management. Sick leaves acquired as a result of occupational injury/ illness will be accepted in accordance with Article 145 of UAE Labour Law, Federal Law No 8, for 1980, On Regulation of Labour Relations.

4.7. HANDLING OF PATIENT WITH SUSPECTED/ CONFIRMED COMMUNICABLE DISEASE

Employees should follow **CGP 124 POLICY AND PROCEDURE FOR CARE OF PATIENTS WITH SUSPECTED OR CONFIRMED COMMUNICABLE DISEASES** and **CGP 129 INFECTION CONTROL PROGRAMME**. Employees handling a patient suspected or positive with communicable disease must refer to Appendix 5 Infectious Disease Classification for urgent actions to be taken. In case the employees were not able to wear the recommended PPEs as per **CGG103 Infection Prevention and Control Measures**, then they should report to QHSE as per **QHP 201 Risk Management Policy and Procedure** and to Occupational Health via email. OH will assess the vaccination and health status of the involved staff. Clinical governance and CAMO/ Delegate will decide the need for necessary follow-up.

If there is any unusual symptoms or deterioration in health within 2 weeks after the case, then the employee should inform OH immediately.

4.8. HANDLING OF HAZARDOUS MATERIALS

All protective measures, reporting of HAZMAT exposure and procedures to follow after exposure must be according to:

- **QHP201 RISK MANAGEMENT POLICY AND PROCEDURE**
- **OPP120 HAZARDOUS MATERIALS POLICY**
- **OPP114 CHEMICAL, BIOLOGICAL, RADIOLOGICAL AND NUCLEAR INCIDENTS POLICY**
- **OPP104 H2S GAS POLICY**

If there is any unusual symptoms or deterioration in health after HAZMAT exposure, employee should inform OH immediately.

4.9. HEALTH SURVEILLANCE

Periodic health screening, sick leave monitoring and medical examinations of employees at risk, or exposed to hazards within the workplace, will continue throughout employment with National Ambulance.

- **OCCUPATIONAL HAZARD AND RISK IDENTIFICATION**

All processes for hazard and risk identification and management will be according to **QHP201 RISK MANAGEMENT POLICY AND PROCEDURE**.

4.10. GENERAL HEALTH AND WELL- BEING

Occupational Health aims to promote and maintain the highest degree of physical, mental and psychosocial well-being of National Ambulance employees. OH will take an active part in promoting and supporting National Ambulance programs that will enhance general health and well- being of employees such as Social Clubs and other campaigns.

- **ACUTE AND CHRONIC MEDICAL ILLNESS**

Acute and Chronic medical illnesses are diseases not caused by or related to occupational injury. Acute medical illness is a disease resulting from short exposure to a causative factor, with an immediate and reversible health effect that can last for 3 months while Chronic medical illness usually has irreversible health effect and lasts for more than 3 months. All employees can seek treatment from any healthcare facility they choose and within Medical Insurance coverage. For recurrent or chronic symptoms, employees can seek CAMO/ Delegate advice and referral to a specialty.

OH collection of data will be from **CGF176 Employee Health Declaration Form** and sick leave diagnosis. This is for the purpose of monitoring, tracking and identifying trends that can be used to improve Occupational Health program to employees.

OH will offer support and assistance to employees as needed.

- **RESUMPTION OF NORMAL DUTIES**

Employees resuming normal duties after light duties should submit to OH a medical clearance/ report from the attending physician and filled OH referral. This is subject to CAMO/ Delegate's review and approval. CAMO/ Delegate's advice will be reported to line manager and HR. OH will offer assistance to employees as needed. OH will communicate with staff to ensure that the staff

will visit their attending physician for clearance and staff will submit the required documents to OH on time. In case of delay in submitting the clearance, this will be reported to the line manager.

- **MANUAL HANDLING/ ERGONOMICS**

Education and training in Manual Handling/ Ergonomics for all National Ambulance employees commenced during onboarding as stated in **HRP104 On- boarding and Induction Policy**. OH will monitor any ergonomic- related health concern as reported by employees thru **CGF176 Employee Health Declaration Form** and sick leave diagnosis.

- **WORKPLACE VIOLENCE**

Workplace Violence is “Any behavior, action or incident that is far from reasonable conduct in which a person is assaulted, threatened, harmed or injured during performance of his work or as a direct result of his/ her work.” This includes but not limited to:

- **Violence by Strangers-** violence committed by an assailant who has no legitimate business relationship with National Ambulance
- **Violence by patients or relatives-** violence committed by an assailant who either receives services from or under the care/ supervision of the affected National Ambulance employee
- **Violence by co-workers-** violence committed to the worker by a current or former co-worker, supervisor or manager
- **Violence by personal relations-** violence committed by an assailant who has a personal relationship with the National Ambulance employee and confrontation happened during working hours and in workplace

All employees are required to follow **QHP201 RISK MANAGEMENT POLICY AND PROCEDURE** about managing Violent or Aggressive Behavior. QHSE is responsible in identifying areas for potential workplace violence and facilitating risk control implementation as per **QHP201 RISK MANAGEMENT POLICY AND PROCEDURE**. For all clinical employees deployed on the field, reporting of workplace violence and escalation must be according to:

- **QHP201 RISK MANAGEMENT POLICY AND PROCEDURE**
- **OPP113 AMBULANCE COMMUNICATIONS CENTER POLICY AND PROCEDURE**
- **OPP123 MAJOR INCIDENT AND DISASTER RESPONSE POLICY AND PROCEDURE**

OH will offer support and assistance to any employees who will be exposed to such occurrence. Any injury acquired from workplace violence will be considered and managed as an occupational injury and should have a police investigation.

- **EMOTIONAL AND MENTAL WELL- BEING**

➤ **Peer Support Network Group**

A support group that aims to help and assist peers in handling sudden, unexpected stressful events in one's life. It is composed of OH Team and volunteers from each contract/ department. CAMO will be the adviser of this group.

- Line managers shall inform OH of any incident such as death of a co-worker, physical abuse to employee while on duty, employees that are second victims of sentinel events etc., that maybe a hazard to employee's mental and emotional health. OH with Peer support network coordinators will offer assistance and support to the involved employee.
- Referral to psychologist/ psychiatrist will be done as per CAMO/ Delegate Advice.

4.11. OCCUPATIONAL HEALTH RECORDS

All Occupational Health records are kept as soft copy, stored securely in OH Shared folder and only accessible by OH team. All National Ambulance employees have legal right to request a copy of their own occupational health records. Upon employee off- boarding, OH records will be stored as an Archive file. No OH records will be deleted. All OH records will be handled according to **COP403 General Confidentiality Policy**.

5. RELEVANT LEGISLATION

- UAE Federal law No. 8 of 1980 – Labor Law and its Amendments (2001) Chapter I Definitions and General Provisions Article I; Chapter V. Safety, Protection, Health and Social care of Employees; Chapter VIII Indemnity For Labour Accidents and Occupational Diseases
- OSHAD- SF CoP 5.0 Occupational Health Screening and Medical Surveillance V3.1 June 2017
- OSHAD- SF Codes of practice COP 13.0- Violence in the Workplace- Version 3.0- 1st July 2016
- HAAD Standard for healthcare services for work related injuries and specified occupational disease in the Emirate of Abu Dhabi 2011 POS/HSF/WIA/0.9
- HAAD Circular (CEO 37/12) Vaccination of Adults at High Risk of Infectious Disease
- UAE Occupational Health and Safety Management System (OHSMS) National Standard NCEMA National Standard for Occupational Safety and Health Management System

6. KEY PROCESSES

6.1 PRE- EMPLOYMENT SCREENING

6.2 PERIODIC SCREENING

- WORK HEALTH ASSESSMENT FOR EMPLOYEE THAT WILL CHANGE ROLES CATEGORY

6.3 VACCINATION

6.4 CHANGE IN HEALTH STATUS REPORTING

6.5 SICK LEAVE

6.6 RESUMPTION OF NORMAL DUTIES

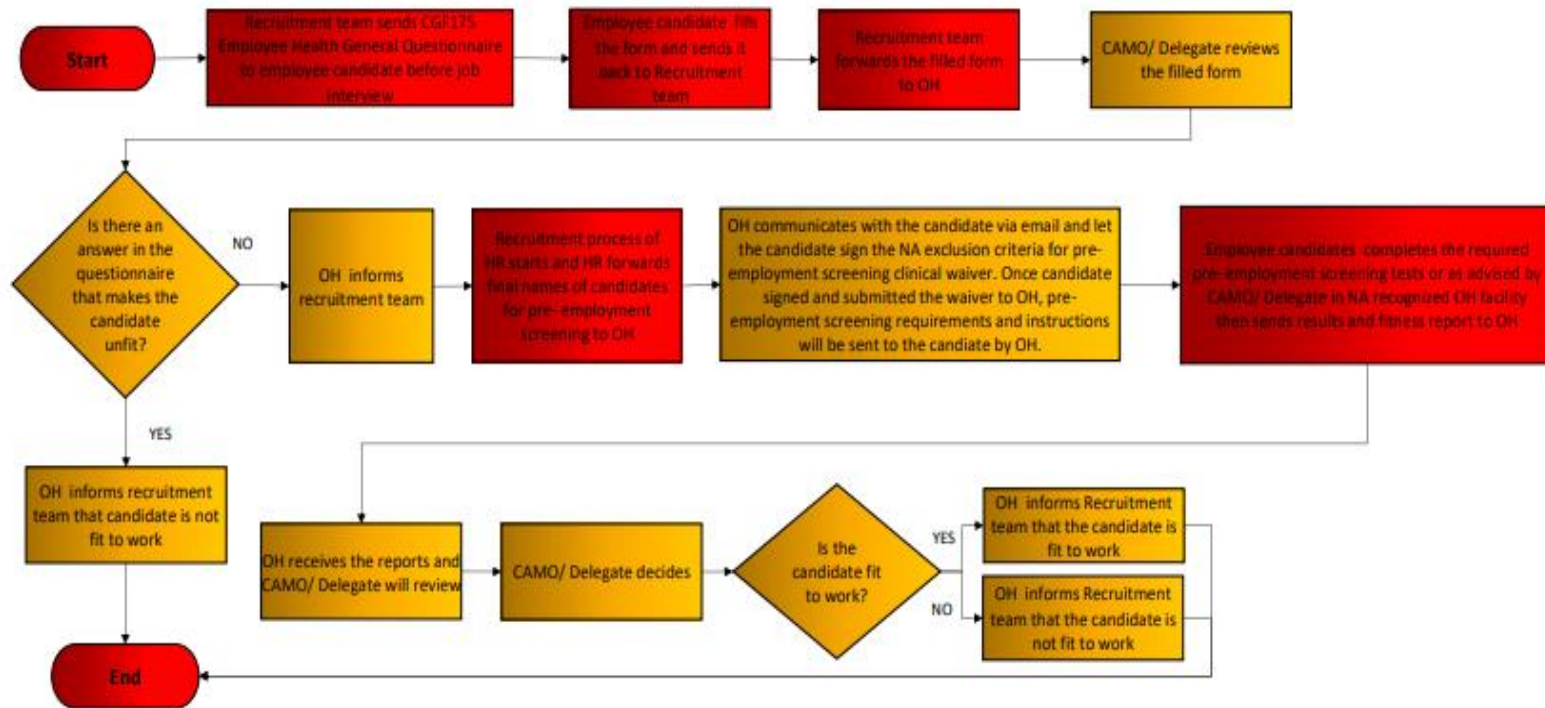
6.7 POST OCCUPATIONAL INJURY FOLLOW- UP

6.8 PEER SUPPORT NETWORK

6.1 PRE- EMPLOYMENT SCREENING

Pre- Employment screening process map

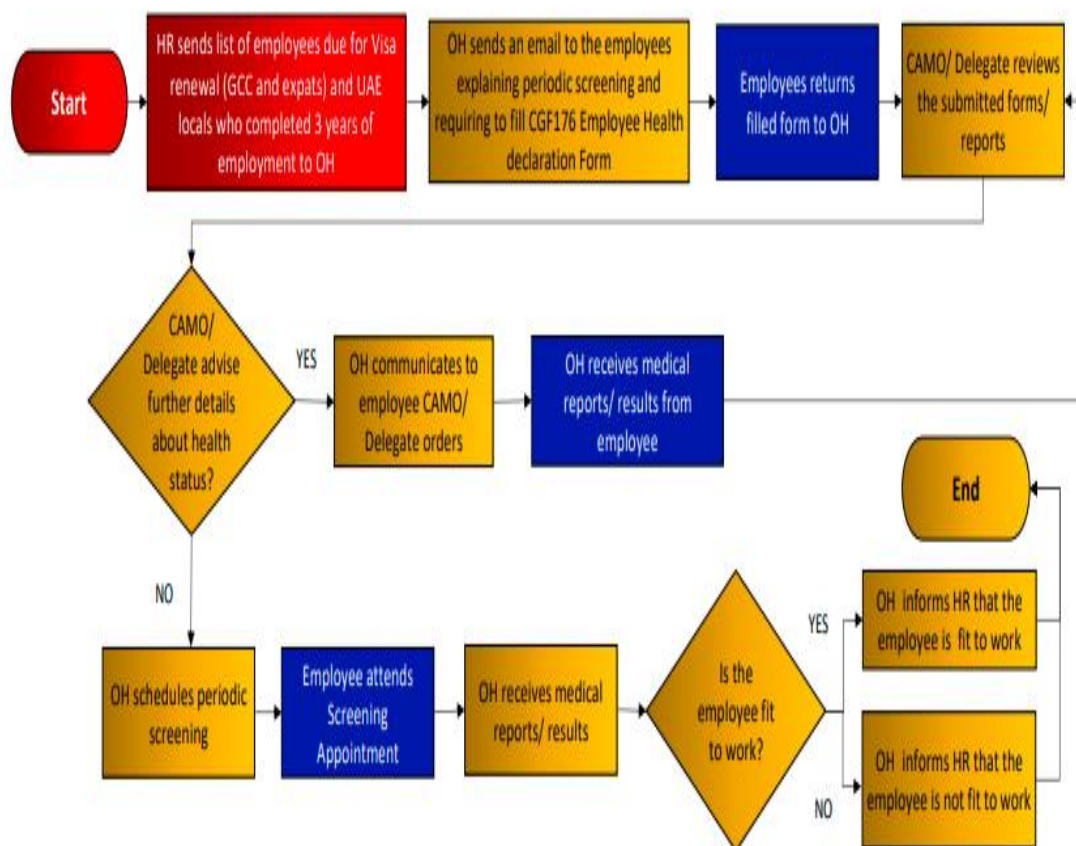
Occupational Health Department
V2 November 2021



6.2 PERIODIC SCREENING

Key

HR	Clinical Services
Employees	Operations



Employment Infectious Diseases Periodic screening						
Disease	Screening test	Confirmatory test (If screening test Positive)	Result	Protective action	Fitness category	
					Clinical	Non-clinical
HIV/AIDS	HIV combi	Western Blot/PCR	Positive	No action	NOT Fit to work	NOT Fit to work
			Negative	No action	Fit to Work	Fit to Work
HBV	Elisa HBsAg	HBsAg Confirmatory test	Positive	No action	NOT Fit to work	After appropriate management & treatment- Fit to Work
			Negative	Give vaccination	Fit to Work	Fit to Work
	HBs Ab		Low titer	Give vaccination	Fit to Work	Fit to Work
HCV	HCV-Ag	Western Blot/PCR	Positive	No action	NOT Fit to Work	After appropriate management and treatment- Fit to Work
			Negative		Fit to work	Fit to Work
Pulmonary TB	CXR	Rule out activity in the presence of Radiological changes	Positive	For appropriate treatment and must be on sick leave until medical clearance given	FIT after appropriate treatment and in accordance with country laws.	FIT after appropriate treatment and in accordance with country laws.
	AFB and Culture	3 consecutive Sputum	Positive			

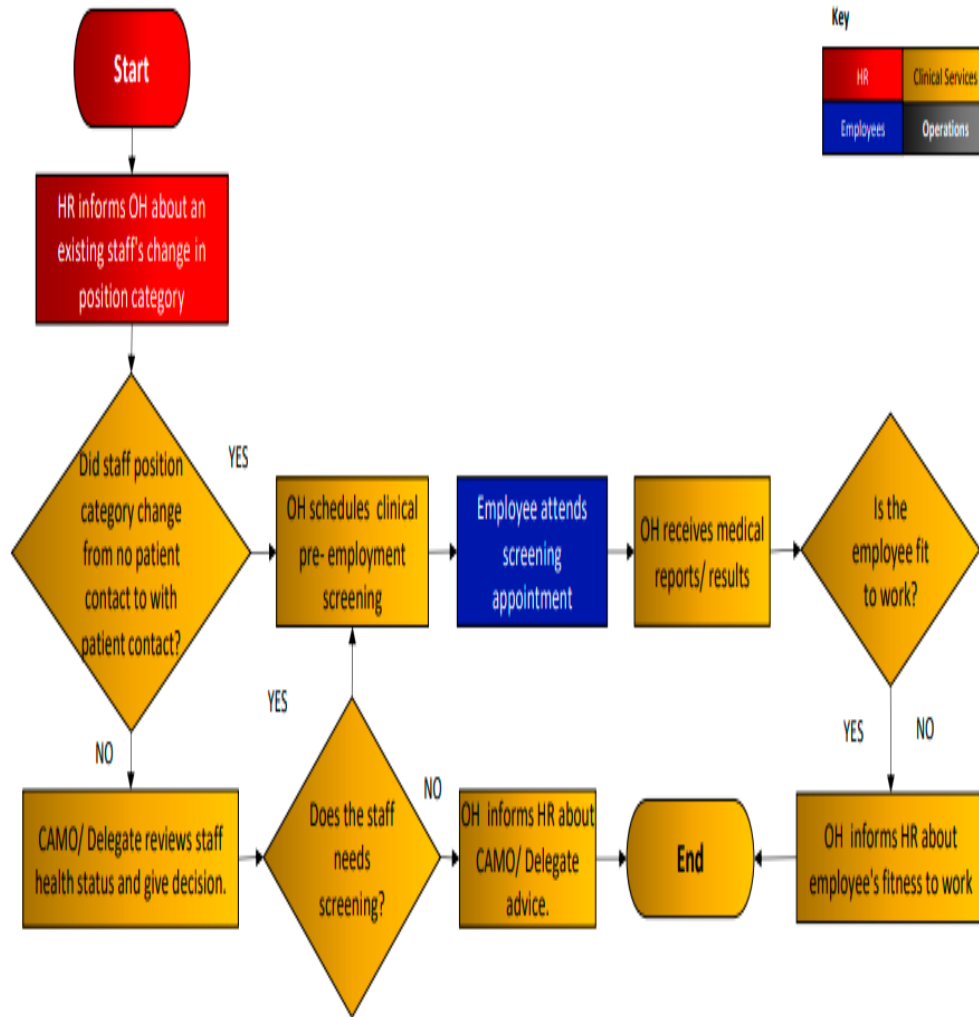
WORK HEALTH ASSESSMENT FOR EMPLOYEE WHO WILL CHANGE ROLE/ POSITION

الإسعاف الوطني National Ambulance

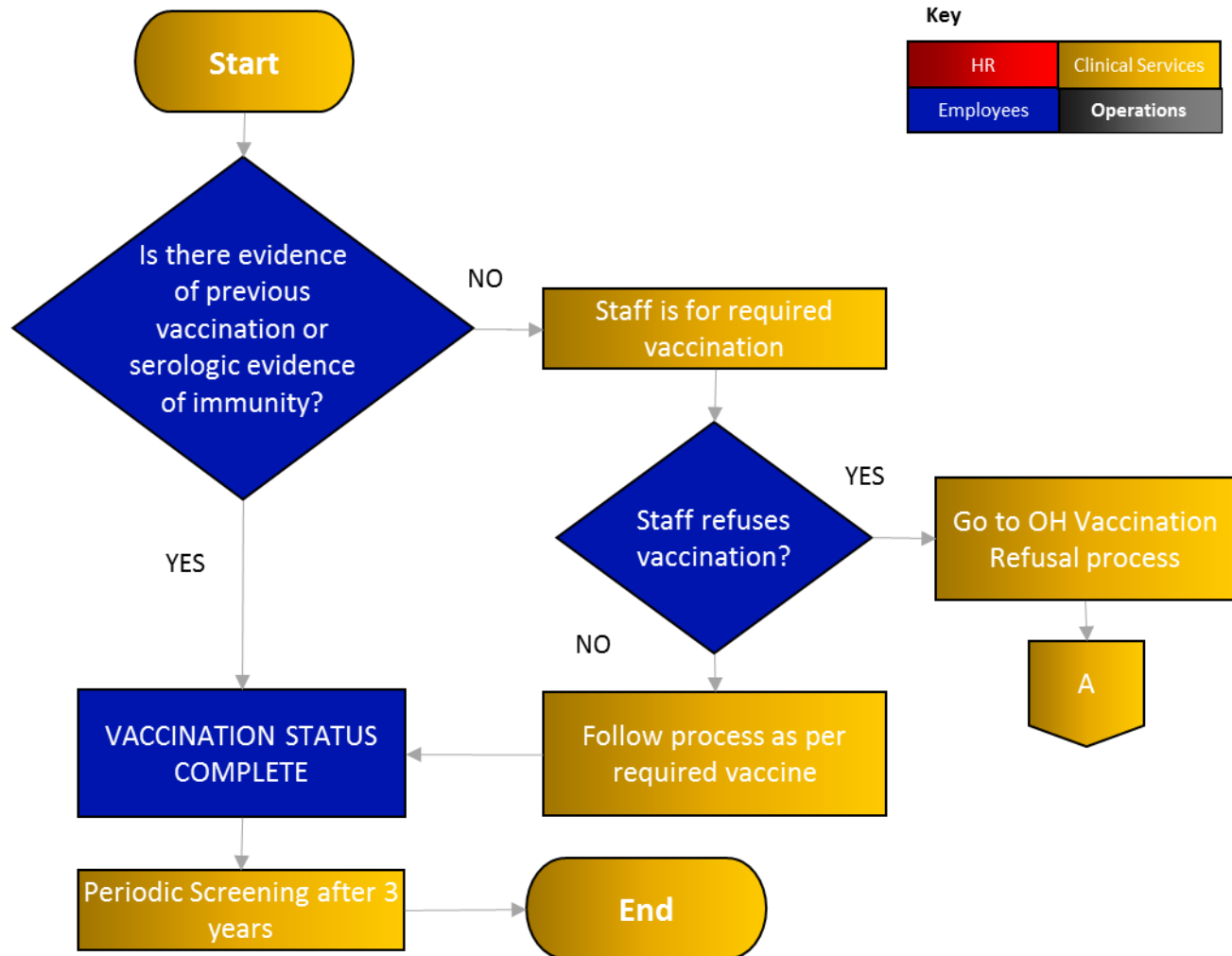
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Work health assessment for employee who will change role/ position

Occupational Health Department
V2 10-November-2021



6.3 VACCINATION

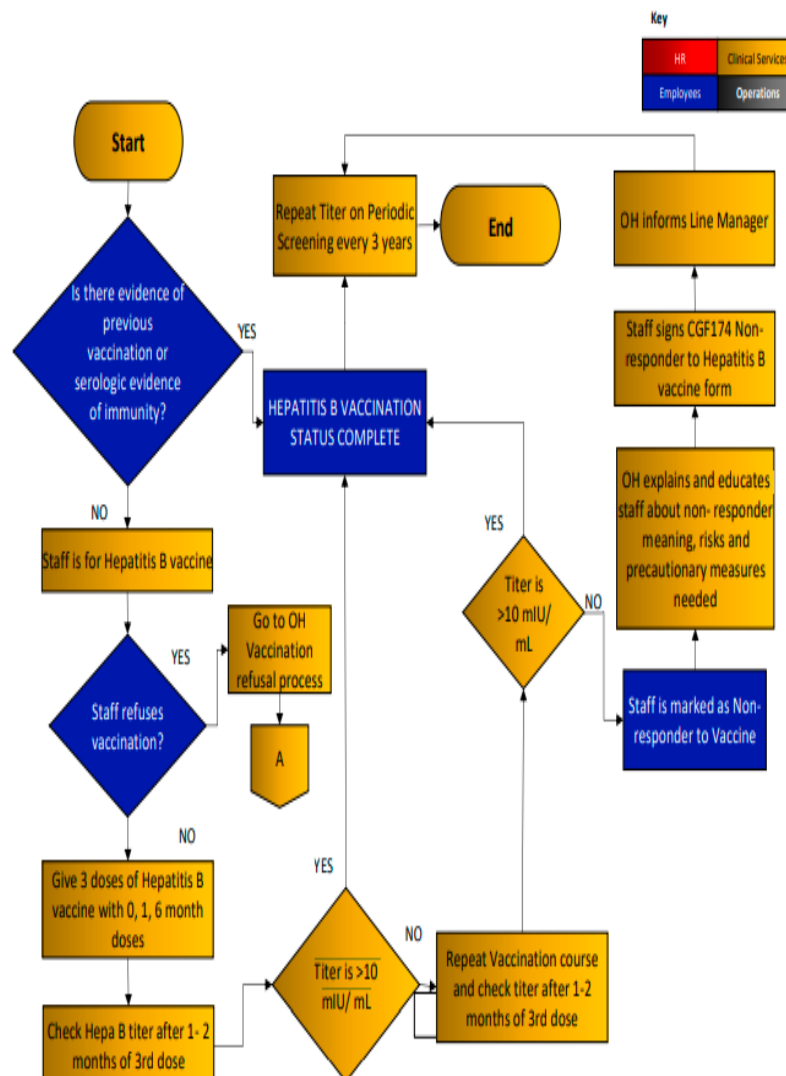


HEPATITIS B VACCINE

It is recommended that Hepatitis B vaccine should be administered in the deltoid muscle for adults. Hepatitis B vaccine administered to any route or site other than intramuscularly in the anterolateral thigh or deltoid muscle should not be counted as valid and should be repeated unless serologic testing indicates that an adequate response has been achieved.

Hepatitis B Vaccination

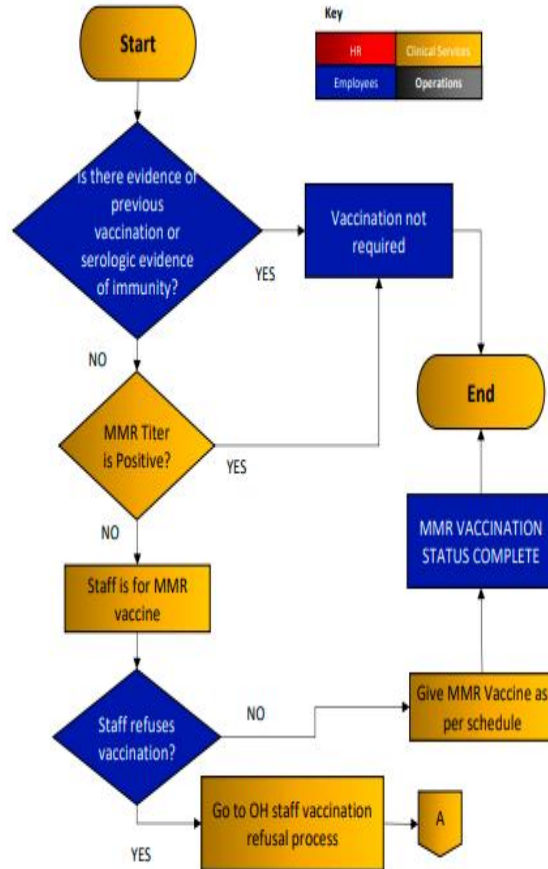
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V1 October 2019



MEASLES, MUMPS, RUBELLA (MMR)

MMR Vaccination

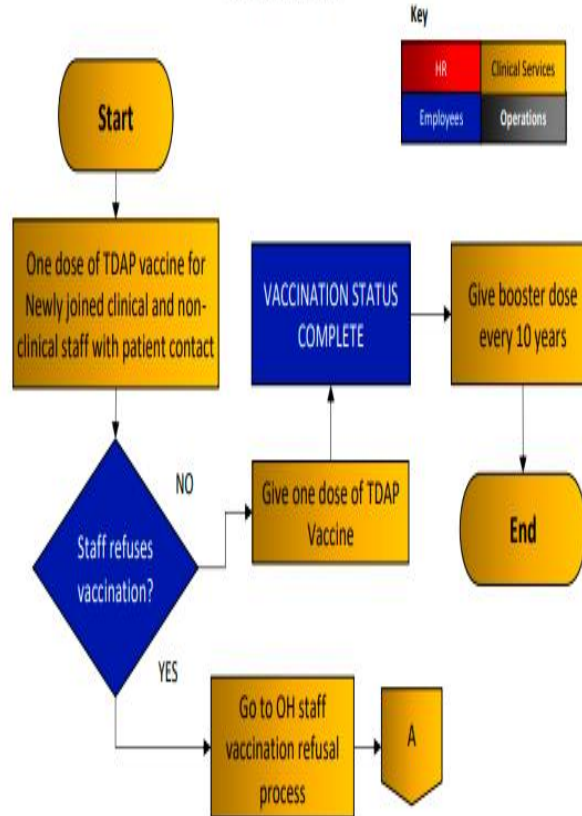
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TETANUS, DIPHTHERIA, PERTUSSIS (TDAP)

TDAP Vaccination

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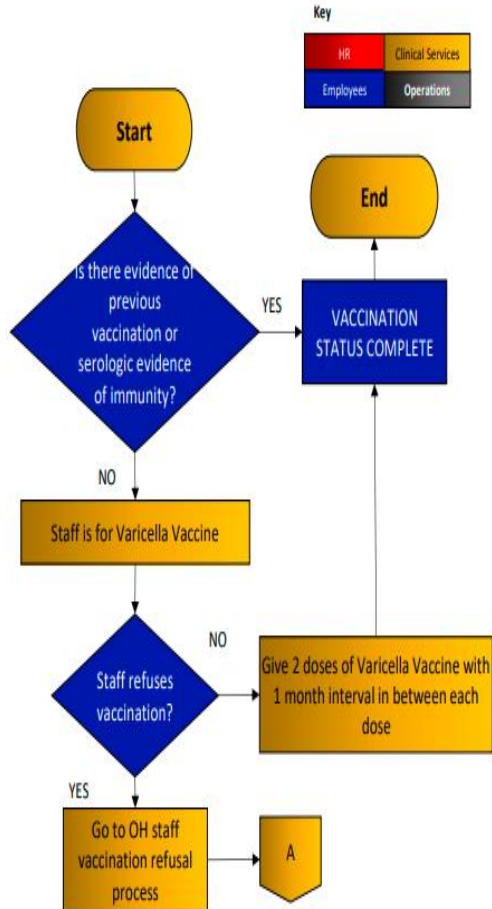


VARICELLA VACCINE

Varicella Vaccination

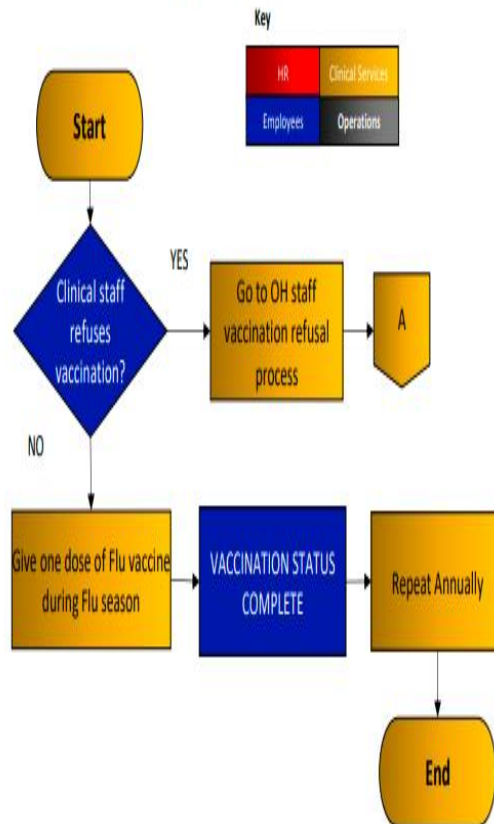
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SEASONAL INFLUENZA VACCINE

Seasonal Influenza vaccine is optional for Non- clinical employees.



REFUSAL OF VACCINATION

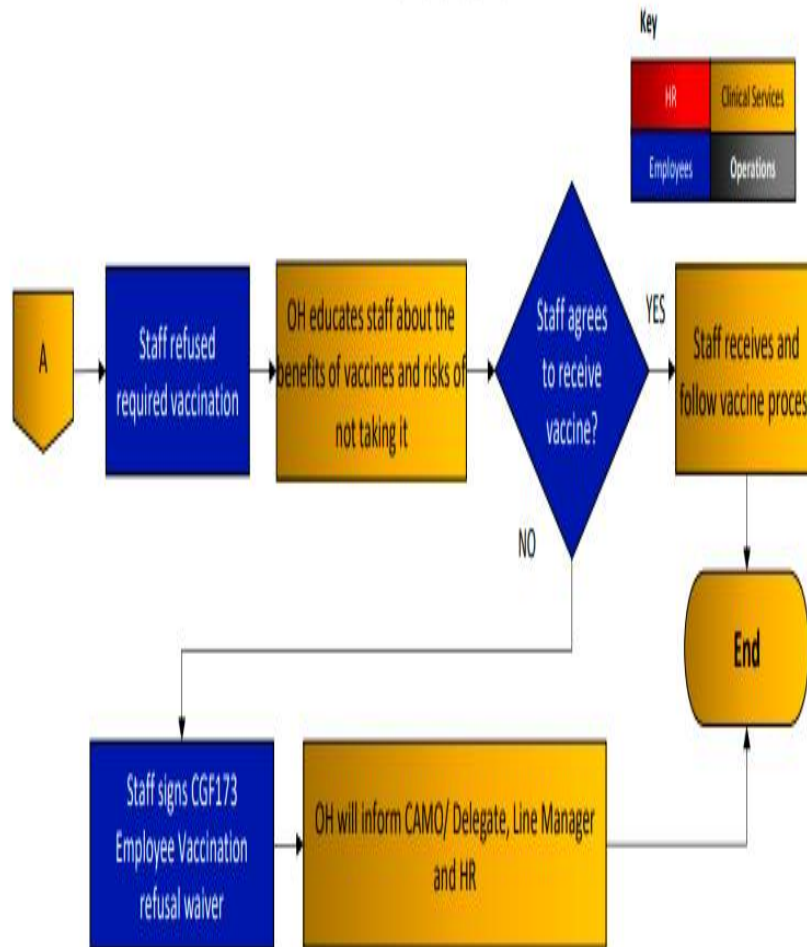
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Refusal of Vaccination

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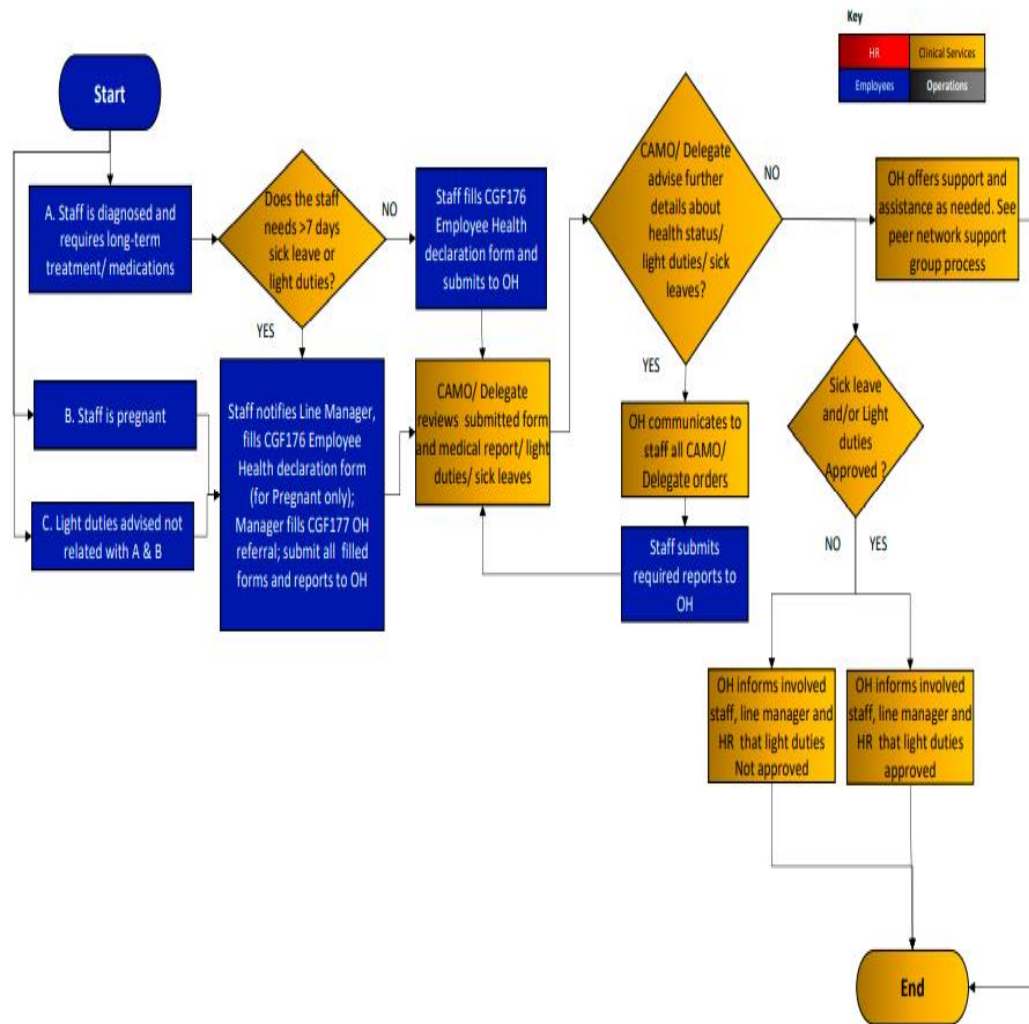
6.4 CHANGE IN HEALTH STATUS REPORTING

The Health Declaration form should be completed by all employees within two weeks of receipt; or as soon as possible in the following situations:

- If there are any substantial changes in health circumstances or status like diagnosed with Chronic Medical Illness e.g. Diabetes, Hypertension, Asthma etc.
- Pregnancy specifically for Clinical employees

Change in health status reporting and OH management

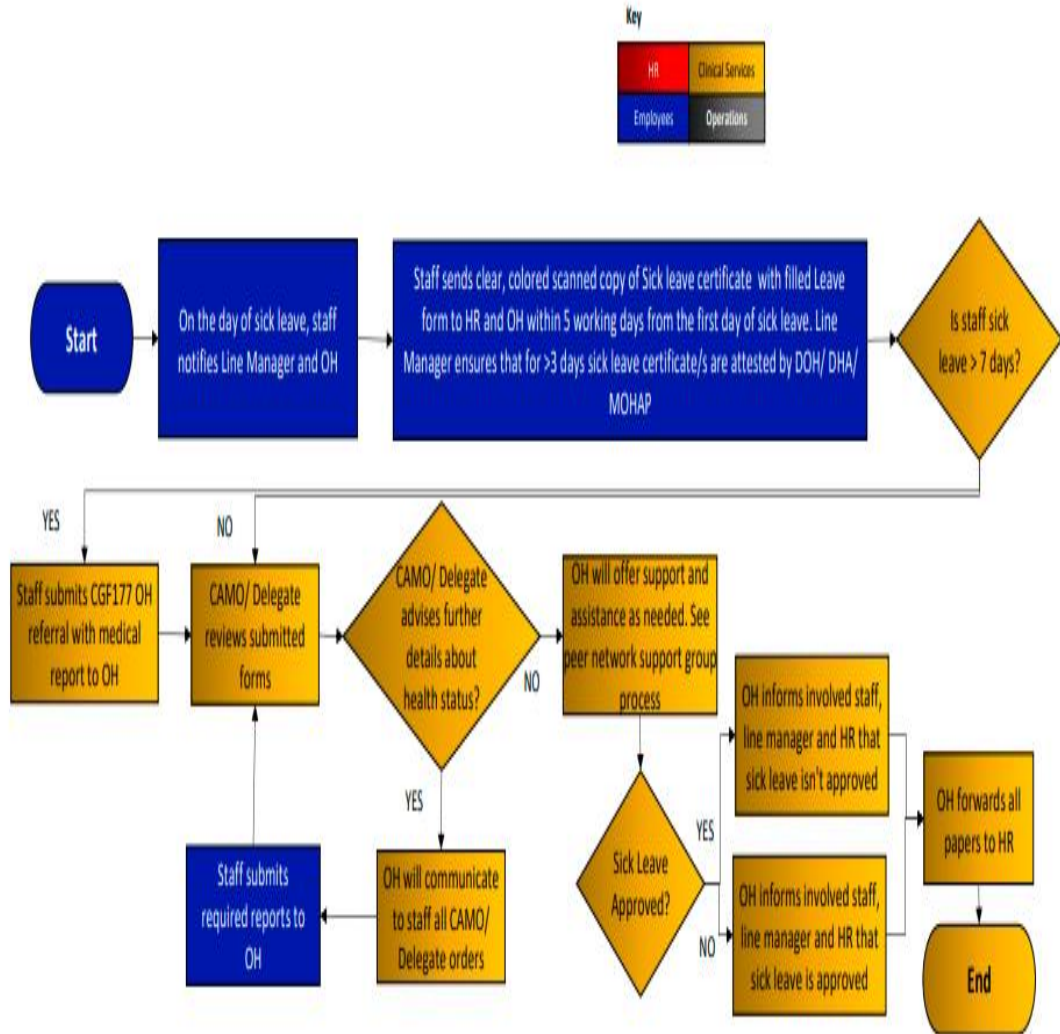
Occupational Health Department
V2 10-November-2021



6.5 SICK LEAVE

Sick leave reporting to OH and approval by OH

Occupational Health Department
V2 10-November-2021



6.6 RESUMPTION OF NORMAL DUTIES

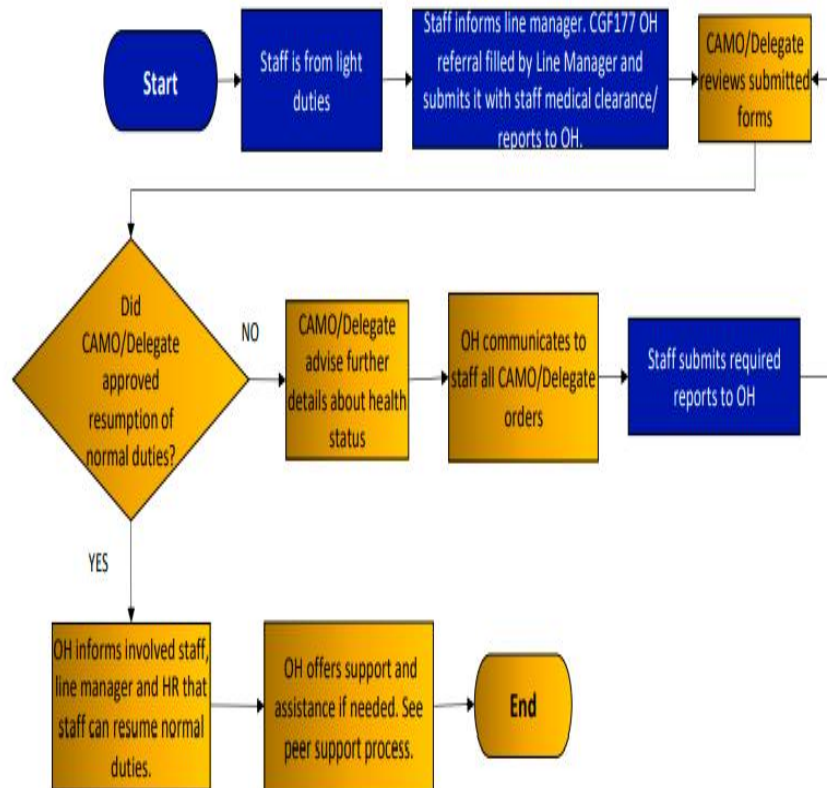
Resumption of Normal Duties

Occupational Health Department
V2 10-November-2021

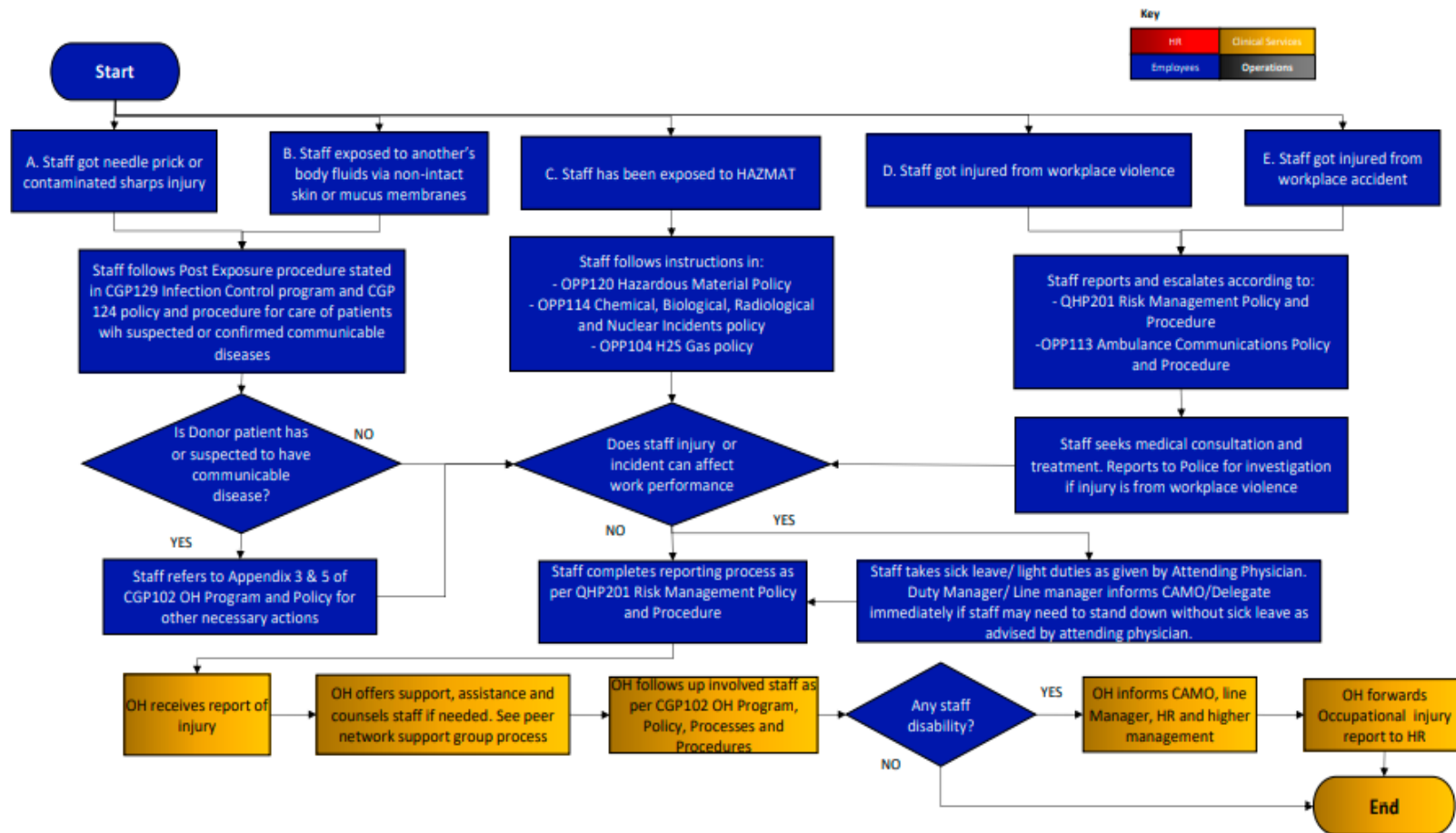


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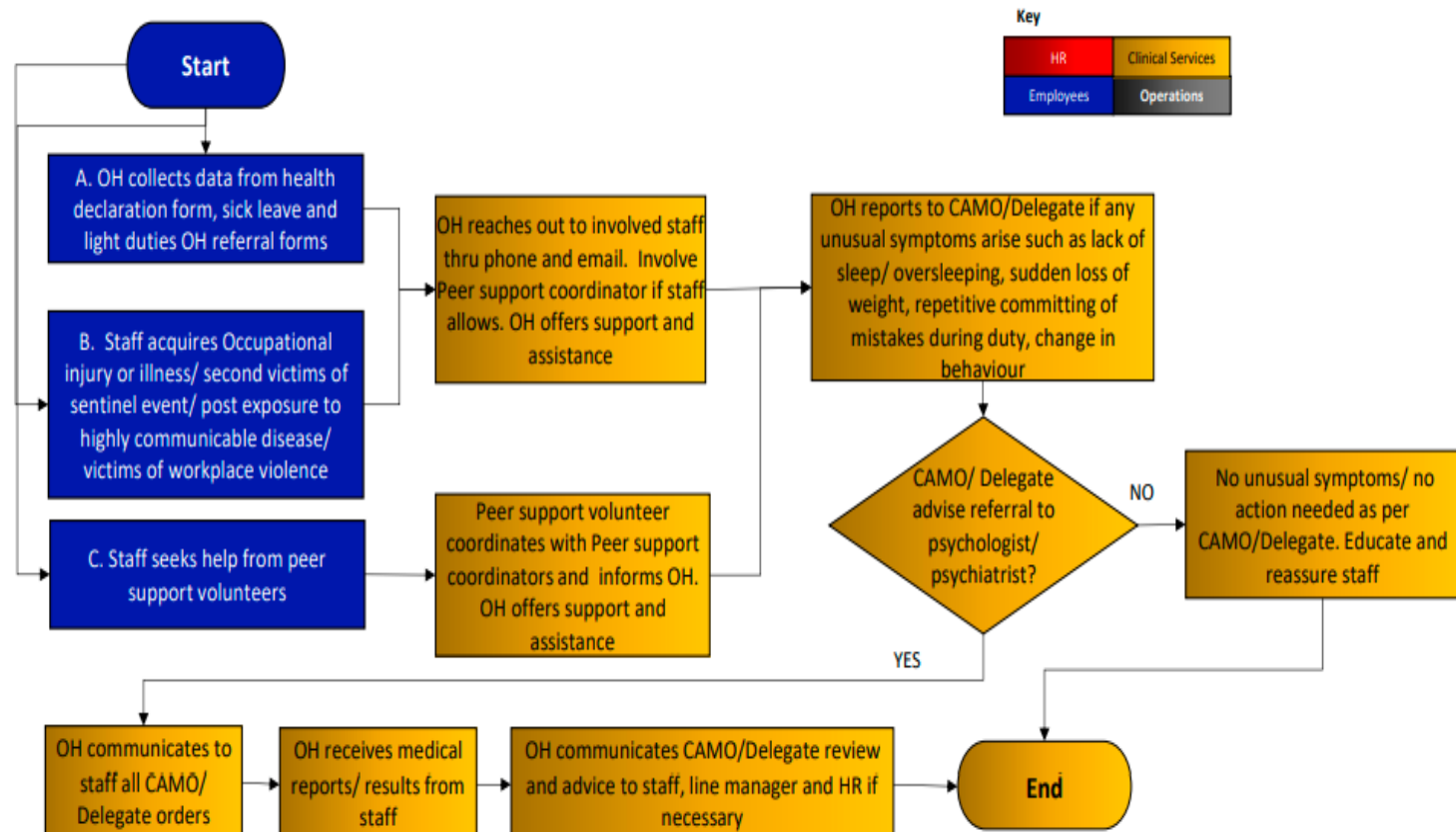
HR	Clinical Services
Employees	Operations



6.7 POST OCCUPATIONAL INJURY FOLLOW- UP



6.8 PEER SUPPORT NETWORK



7. RELATED POLICIES AND PROCEDURES

- CGP 129 INFECTION CONTROL PROGRAMME
- CGP 124 POLICY AND PROCEDURE FOR CARE OF PATIENTS WITH SUSPECTED OR CONFIRMED COMMUNICABLE DISEASES
- OPP120 HAZARDOUS MATERIALS POLICY.
- QHP201 RISK MANAGEMENT POLICY AND PROCEDURE
- COP302 LEAVE POLICY AND PROCEDURE
- OPP114 CHEMICAL, BIOLOGICAL, RADIOLOGICAL AND NUCLEAR INCIDENTS POLICY
- OPP113 AMBULANCE COMMUNICATIONS CENTER POLICY AND PROCEDURE
- COP403 GENERAL CONFIDENTIALITY POLICY
- OPP114 CHEMICAL, BIOLOGICAL, RADIOLOGICAL AND NUCLEAR INCIDENTS POLICY
- OPP104 H2S GAS POLICY
- OPP123 MAJOR INCIDENT AND DISASTER RESPONSE POLICY AND PROCEDURE
- CGG103 Infection Prevention and Control Measures
- HRP104 On- boarding and Induction Policy
- CGF173 Employee Vaccination Refusal Waiver
- CGF174 Non- responder to Hepatitis B vaccines form
- CGF175 Employee Health General Questionnaire
- CGF176 Employee Health Declaration Form
- CGF177 Occupational Health Referral
- CGF178 Occupational Injury Questionnaire

<https://www.cdc.gov/vaccines/pubs/pinkbook/hepb.html>

<https://www.who.int/hiv/pub/guidelines/arv2013/december2014supplementARV.pdf>

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html#C>

8. FEEDBACK

Any feedback or suggestions for improvement to this Policy, Processes or Procedures can be submitted to Occupationalhealth.nationalambulane.ae

9. DOCUMENT CONTROL AND OWNERSHIP

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

- CAMO

This controlled document is managed / overseen by [Procurement and Tendering Committee and/or Audit and Risk Management Committee and/or HR and Compensation Committee].

Change Brief

Version No.	Date	Change
1.0	13 – July - 13	New Document
2.0	12 – April - 14	Multiple changes to all sections, forms and processes
3.0	23 – September - 14	Add detail on occupational health provision for pregnant employees in body of policy and forms
4.0	October 2019	Removal of OPP112 Occupational Health Policy and Procedure to be replaced by CGP102 Occupational Health Program, Policy, Processes and Procedure. Complete rewrite of the Policy.
5.0	January 2022	<p>Change of Medical Director/ MD to Chief Administrative and Medical Officer.</p> <p>Added COO delegate.</p> <p>Removal of QHP203 Hazard, Near Miss and Incident policy and procedure, and COP202 Code of Conduct, to be replaced by QHP201 Risk Management Policy and Procedure.</p> <p>Add revision and detail in pre- employment screening, periodic screening.</p> <p>Removal of specific safety precautions in each contract.</p> <p>Removal of work health assessment for clinical employee assigned in special contract that requires optima license.</p> <p>Add detail in TDAP vaccine.</p> <p>Removal of CGF176 Employee health declaration form in the list of requirements for Light duties request.</p> <p>Removal of light duties duration classification.</p> <p>Change of Post exposure to communicable disease title into Handling of patient with suspected/ confirmed communicable disease.</p>

		<p>Change of Post exposure to hazardous materials into Handling of hazardous materials.</p> <p>Change of follow- up in post needle prick injury from 6th week to 3rd month.</p>
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APPENDIX 1: PRE- EMPLOYMENT SCREENING FOR CLINICAL STAFF

I. COMPLETE PHYSICAL EXAMINATION	
a.	Height and Weight
b.	Body Mass Index
c.	Mouth
d.	Nose
e.	Chest
f.	Heart
g.	Upper and Lower Limbs
h.	Spine
i.	Skin
j.	Genitalia
k.	Manual Muscle Test- for spinal musculature (dumb bell 20kg)
II. Visual Acuity/ Ishihara Test	
III. Vital Signs	
a.	Blood pressure
b.	Pulse rate
c.	Respiratory rate
IV. Dental Examination	
V. Chest X-ray Digital (PA/ Apicolordotic View)	
VI. Electrocardiogram	
VII. Audiometry	
VIII. Spirometry	
IX. Urine Test	
a.	Drug test (Shabu/ Marijuana)
b.	Urinalysis (test for sugar and protein)
X. Blood group tests- Blood typing (A, B, O)	
XI. Complete Blood Count	
•	If Anemia is present, other laboratory tests might be required such as:
➤	Iron
➤	B12
➤	Thalassemia test
➤	Sickle Cell Anemia Test

<p>XII. Blood Chemistry Test</p> <p>a. FBS</p> <p>b. HBA1C</p> <p>c. Liver Function Tests</p> <ul style="list-style-type: none"> • SGOT • SGP • GGTP • B1B2 • Ag Ratio • G6PD Deficiency- only if Hemoglobin is low. <p>d. Kidney Function tests</p> <ul style="list-style-type: none"> • BUN, Creatinine <p>e. Uric Acid</p> <p>f. Lipid Profile</p> <ul style="list-style-type: none"> • Cholesterol • Triglycerides • HDL • LDL • VLDL <p>g. Endocrine Test</p> <ul style="list-style-type: none"> • TSH -Abnormal result may need other laboratory tests such as: <ul style="list-style-type: none"> ➤ Free T3 ➤ Free T4 ➤ Thyroid Ultrasound
<p>XIII. Pregnancy test- serum for FEMALE ONLY</p>
<p>XIV. Serology</p> <p>a. HIV</p> <p>b. Hepatitis B</p> <p>c. Hepatitis C</p> <p>d. Syphilis</p> <ul style="list-style-type: none"> • VDRL • TPHA
<p>XV. Blood Titers</p> <p>a. HBsAb</p> <p>b. Rubeola IgG</p> <p>c. Rubella IgG</p> <p>d. Varicella IgG</p>
<p>XVI. Psychological Evaluation</p>

SUMMARY OF MEDICAL STANDARDS

EXAMINATION	STANDARDS
1. Height	Minimum: Female- 5'1" ft (155 cm) Male- 5'3"ft (160 cm)
2. BMI	19-32
3. Skin	Tattoo acceptable as long as completely covered during work duties
4. Blood Pressure	a. Until 100-140/ 90-60 mmHg b. Blood Pressure above 140/90 mmHg is already considered Pre-hypertensive or Hypertensive
5. Pulse Rate	60-100 beats per minute
6. Respiratory Rate	12-20 breaths per minute
7. Visual Acuity	Minimum of 6/12 for both eyes, both with or without correction Normal Color vision
8. Psychiatric Examination	No abnormality
9. Chest	Bronchial Asthma- well controlled with medications- acceptable
10. Electrocardiogram	a. Normal ECG- submit to National Ambulance b. Abnormal ECG- proper referral to accredited Cardiologist with possible additional tests to be done (CKMB, LDH, Troponin, Treadmill stress test, Potassium, Sodium, Chloride and cardiologist clearance)
11. Chest X-ray PA/ Apicolordotic View	Only NORMAL results
12. Audiometry	400- 3000 KHz- 35 decibels
13. Anemia Test	a. Hemoglobin- Female >10mg/ dl Male >12mg/ dl b. Hemoglobin low- Sickling test Hb typing, Thalassemia trait testing and G6PD will be considered (Considered UNFIT if 2 of the conditions exist)
14. Uric Acid	<7.5 mg/ dl
15. A. Fasting blood sugar	<125mg/ dl
B. Impaired Glucose Tolerance	100- 125mg/dl
16. HBA1C	<7
17. Gilbert's disease	Acceptable

18. Dyslipidemia	Well controlled
19. Fungal Infection	Dermatological treatment and clearance is required
20. Elevated Liver Enzymes	Further work- ups (like ultrasound etc.) To rule out any gallbladder or liver problems
21. Urinary tests (sugar and protein)	<ul style="list-style-type: none"> a. NORMAL and NEGATIVE b. If with sugar and protein- additional tests (ASO Titer, ESR, Urinary Bladder Ultrasound, 24 hr. Creatinine Test) c. There should be a negative (-) sugar in urine as patients are on fasting. Any sugar trace is an indication for further tests. d. Protein is an indication of beginning kidney disorder. A (+) 4 protein or albumin normally indicates possible dialysis.
22. Serology Tests- HIV, Hepatitis B and Hepatitis C	NEGATIVE RESULTS ONLY
23. Type 2 Diabetes Mellitus	Well- controlled with medications No other risk factors like hypertension, dyslipidemia and heart disease

VACCINATION REQUIREMENT (WITH VACCINATION CARD) ONCE MEDICALLY FIT	
VACCINE	DOSE
1. Hepatitis B vaccine- 0-1-6	<ul style="list-style-type: none"> • First dose- will be given in the facility
2. Varicella Vaccine	<ul style="list-style-type: none"> • 0-1
3. TDAP	<ul style="list-style-type: none"> • Will be given in the facility
4. Measles, Mumps, Rubella (MMR)	<ul style="list-style-type: none"> • Will be given in the facility

SUMMARY OF UNFIT CRITERIA

EXAMINATION	EXCLUSION/ UNFIT CRITERIA
1. General	<ul style="list-style-type: none"> • Cancer (with/ without ongoing treatment) • Epilepsy or history of seizure (even single episode) • Asthma Uncontrolled by Medications • Scar/ Keloids which restrict organ function • Infected Pilonidal sinus • Chest X-ray abnormality • Positive pregnancy test
	<ul style="list-style-type: none"> • BMI: less than 19 or greater than 32 • Height: <ul style="list-style-type: none"> ➤ Male: less than 160 cm ➤ Female: less than 155 cm
2. Psychiatric Examination	<ul style="list-style-type: none"> • Any psychiatric disorder even if it is controlled by medication
3. Mouth	<ul style="list-style-type: none"> • Cleft palate of hare lip • Abnormal dentures- unless treated
4. Nose	<ul style="list-style-type: none"> • Deviated septum that affects nasal airways patency
5. Chest	<ul style="list-style-type: none"> • Pectus Excavatum • Pectus Carinatum
6. Heart	<ul style="list-style-type: none"> • Murmurs • Arrhythmias • Valvular lesions • History of heart disease • History of heart surgery
7. Upper and Lower Limbs	<ul style="list-style-type: none"> • Amputations • Neurological defects • Arthritis • Severe flat feet • Hallux Valgus (bunion) • Claw feet • Callosities • Missing toes • Genu Valgum (Moderate to Severe) • Genu Varum (Moderate to Severe) • New and old Fractures with internal fixation in situ with limitations of joint movements
8. Spine	<ul style="list-style-type: none"> • Scoliosis- acceptable for less than 10° Cobb's Angle • Kyphosis • Restricted back movements • Disc disorders
9. Skin	<ul style="list-style-type: none"> • Acne vulgaris- cystic, nodular or extensive

	<ul style="list-style-type: none"> Chronic Skin Disease (Eczema, Psoriasis) Prominent vitiligo Tattoo- cannot be covered during working hours
10. Genitalia	<ul style="list-style-type: none"> Varicocele Hydrocele Undescended testes Hernias Piles
11. Endocrine Disorder	<ul style="list-style-type: none"> Type I Diabetes Thyroid Hormone disease- uncontrolled by medication Type II Diabetes- if with other chronic illness Any hormonal disturbance that can affect work performance
12. Audiometry	<ul style="list-style-type: none"> Low frequency hearing loss High frequency hearing loss
13. Visual	<ul style="list-style-type: none"> Ptosis Nystagmus Squint Keratoconus Color vision defective Cataract Glaucoma Pterygium (which affect vision)
14. Blood Disease	<ul style="list-style-type: none"> Thalassemia disease and/or Sick cell disease
	Unfit if two (2) or more conditions exist: <ul style="list-style-type: none"> Thalassemia trait Sickle Cell disease trait G6PD trait
	Anemia: <ul style="list-style-type: none"> Hemoglobin less than 12 gm/dl for Males Hemoglobin less than 10 mg/dl for Females
15. Renal disease	<ul style="list-style-type: none"> Progressive History of Congenital Renal Disease
16. Serology	<ul style="list-style-type: none"> HIV Positive Hepatitis B Positive Hepatitis C Positive

APPENDIX 2: PRE- EMPLOYMENT SCREENING FOR NON-CLINICAL STAFF

- I. **General Medical examination**
 - Vital signs
 - Height, weight and BMI
 - Vision screening/ Ishihara test
- II. **Chest X-ray (can be done in Visa screening)**
- III. **ECG for above 40 years old**
- IV. **Urine analysis**
- V. **Serology**
 - HIV (can be done in Visa screening)
 - HBsAg (can be done in Visa screening)
 - Hepatitis C
- VI. **Blood tests**
 - CBC
 - FBS
 - HBA1C
 - Pregnancy test for female

APPENDIX 3: POST EXPOSURE TO HEPATITIS B PROPHYLAXIS

EXPOSED EMPLOYEE VACCINATION STATUS	DONOR PATIENT IS KNOWN CASE HEPATITIS B	DONOR PATIENT REFUSED TO BE TESTED	DONOR PATIENT IS NOT INFECTED
Unvaccinated	<ul style="list-style-type: none">• Give Hepatitis B vaccination (0, 1, 6 months doses)• Consider to give 1 dose of Hepatitis B Immunoglobulin	Give Hepatitis B vaccination (0, 1, 6 months doses)	
Vaccinated/ Immunized – known responder	No treatment		
Received 3 doses of vaccine and titer is <10mIU/mL	Give Hepatitis B vaccination (0, 1, 6 months doses) Consider to give 1 dose of Hepatitis B Immunoglobulin		No treatment
Non- responder to (2 vaccine series) Hepatitis B vaccine	Consider to give 2 doses of Hepatitis B Immunoglobulin (separated by 1 month each dose)		No treatment
Immunity status Unknown	Test exposed person for anti- HBs: Titer is >10mIU/mL= NO TREATMENT Titer is <10mIU/mL= Give 1 dose of Hepatitis B immunoglobulin and Hepatitis B vaccine series		No treatment

APPENDIX 4: INFECTIOUS DISEASE CLASSIFICATION Infection Prevention and Control Measures

الإسعاف الوطني National Ambulance

Infection Prevention and Control Measures

Precaution	Hand Washing	Sanitizer	Gloves	Waste Disposal	Eye Protection (Goggles or Face shield), Gown or Coverall Suit	Surgical Mask or N95 Mask	Shoe cover	Appropriate Body Isolation for each case will dictate what equipment you should wear. Any requirements outside of normal you must consult with ACC N95 MASKS ARE ONLY TO BE USED WHEN PRECAUTIONS ARE REQUIRED, THEY ARE NOT TO BE USED FOR GENERAL CLEANING DUTIES
Standard								Normal Patient Care ** This only used in case of outbreak contagious communicable disease
Airborne								Tuberculosis, Measles, Chickenpox (until lesion are crusted over), Localized (in immunocompromised patient) or disseminated herpes zoster (until lesion are crusted over)
Contact/ Droplets								Include: All suspected communicable disease All confirmed communicable diseases except COVID-19 & Haemorrhagic Fever
COVID 19/ Hemorrhagic Fever								Confirmed COVID 19 / Hemorrhagic Fever (e.g. Ebola)
Deceased Patient								As per Deceased Protocol, avoid contamination with body fluid ** Coverall suit & N95 will be used in case of suspected /confirmed communicable disease

CGG103 Infection Prevention and Control Measures
Restricted Document مقيود

October 2020 - Version 2

IMMEDIATE TELEPHONE & ELECTRONIC NOTIFICATION	
DISEASES	ACTIONS TO BE TAKEN
1. Anthrax • Cutaneous	• Standard Precautions + Contact precautions for Cutaneous
2. Botulism	• Standard Precautions
3. Cholera	• Use Standard Precautions • Use Contact Precautions for diapered or incontinent persons

4. Corona Virus (MERS COV)	<ul style="list-style-type: none"> Surgical Mask worn by patient Use Airborne precautions Let receiving hospital do post- exposure assessment for exposed staff
5. Dengue Fever	<ul style="list-style-type: none"> Use Standard Precautions
6. Diptheria <ul style="list-style-type: none"> Cutaneous Pharyngeal 	<ul style="list-style-type: none"> Cutaneous- Use Contact Precautions Pharyngeal- Use Droplet precautions
7. Food borne illness- specify	<ul style="list-style-type: none"> Use Standard Precautions Enhanced PPE
8. Human Immunodeficiency Virus (HIV)/ AIDS	<ul style="list-style-type: none"> Standard Precautions Let receiving hospital do post- exposure assessment for exposed staff (Blood exposure)
9. Influenza- Avian (Human)	<ul style="list-style-type: none"> Use Airborne precautions
10. Influenza- H1N1	
11. Plague	
12. Rabies	<ul style="list-style-type: none"> Use Droplet precautions Let receiving hospital do post- exposure prophylaxis for exposed staff
13. Severe Acute Respiratory Infection (SARI)	<ul style="list-style-type: none"> Surgical Mask worn by patient Use Airborne precautions Let receiving hospital do post- exposure assessment for exposed staff
14. Smallpox (Variola)	<ul style="list-style-type: none"> Use Droplet precautions Let receiving hospital do post- exposure prophylaxis(vaccine) for exposed staff
15. Tuberculosis	<ul style="list-style-type: none"> Surgical Mask worn by patient Use Airborne precautions Let receiving hospital do post- exposure assessment for exposed staff
16. Viral Hemorrhagic fever	<ul style="list-style-type: none"> Use Droplet precautions
17. Yellow Fever	<ul style="list-style-type: none"> Use Standard Precautions
18. Occurrence of any unusual diseases specify	

NOTIFY WITHIN 24 HOURS	
DISEASES	ACTIONS TO BE TAKEN
1. AFP/ Poliomyelitis	<ul style="list-style-type: none"> Use Contact precautions
2. Brucellosis	<ul style="list-style-type: none"> Use Standard precautions
3. Chickenpox (hospitalizations and deaths)	<ul style="list-style-type: none"> Non- immune/ Not vaccinated staff or immunocompromised- Use Airborne Precautions Immune/ Vaccinated staff- Use Contact precautions (standard precautions) Check with OH the Varicella vaccination status of exposed staff Let receiving hospital do post- exposure prophylaxis for non- immune/ not vaccinated or immunocompromised exposed staff
4. Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic	<ul style="list-style-type: none"> Use Standard precautions
5. Escherichia coli	<ul style="list-style-type: none"> Use Standard precautions Use Contact Precautions for diapered or incontinent persons
6. Haemophilus Influenza invasive disease	<ul style="list-style-type: none"> Use Droplet precautions
7. Hepatitis A	<ul style="list-style-type: none"> Use Standard precautions Use Contact Precautions for diapered or incontinent persons Let receiving hospital do post- exposure prophylaxis for exposed staff
8. Hepatitis, other acute (specify)	<ul style="list-style-type: none"> Use Standard precautions Use Contact Precautions for Hepatitis E positive diapered or incontinent persons For Hepatitis B, check vaccination status with OH.
9. Legionellosis	<ul style="list-style-type: none"> Use Standard precautions
10. Leprosy (Hansens disease)	
11. Malaria	
12. Measles (Rebeola)	<ul style="list-style-type: none"> Use Airborne precautions Let receiving hospital do post- exposure prophylaxis for non- immune/ not vaccinated or immunocompromised exposed staff
13. Meningitis, specify etiology: Viral, Bacterial, Fungal, Parasitic	<ul style="list-style-type: none"> Use Droplet precautions For Meningococcal disease: post- exposure prophylaxis for exposed staff
14. Pertussis (whooping cough)	<ul style="list-style-type: none"> Use Droplet precautions

	<ul style="list-style-type: none"> • Check with OH the TDAP vaccination status for exposed staff
15. Relapsing fever	<ul style="list-style-type: none"> • Use Standard precautions
16. Rubella (German Measles)	<ul style="list-style-type: none"> • Use Droplet precautions • Check with OH the MMR vaccination status for exposed staff • Let receiving hospital do post- exposure prophylaxis for non- immune/ not vaccinated or immunocompromised exposed staff
17. Rubella Syndrome, congenital	<ul style="list-style-type: none"> • Use Contact Precautions • Check MMR vaccination validity for exposed staff • Let receiving hospital do post- exposure prophylaxis for non- immune/ not vaccinated or immunocompromised exposed staff
18. Shigellosis	<ul style="list-style-type: none"> • Use Standard precautions • Use Contact Precautions for diapered or incontinent persons
19. Typhoid/ Paratyphoid Fever	<ul style="list-style-type: none"> • Use Standard precautions • Use Contact Precautions for diapered or incontinent persons
20. Typhus Fever	<ul style="list-style-type: none"> • Use Standard precautions

NOTIFY WITHIN 7 DAYS	
DISEASES	ACTIONS TO BE TAKEN
1. Amebiasis	<ul style="list-style-type: none"> Use Standard precautions
2. Chickenpox	<ul style="list-style-type: none"> Non- immune/ Not vaccinated staff or immunocompromised- Use Airborne Precautions Immune/ Vaccinated staff- Use Contact precautions Check with OH the Varicella vaccination status of exposed staff Let receiving hospital do post- exposure prophylaxis for non- immune/ not vaccinated or immunocompromised exposed staff
3. Creutzfeld-Jakob Disease (CJD)	<ul style="list-style-type: none"> Use Standard precautions
4. Giardiasis	<ul style="list-style-type: none"> Use Standard precautions Use Contact Precautions for diapered or incontinent persons
5. Hepatitis B (specify acute or chronic)	<ul style="list-style-type: none"> Use Standard precautions Check vaccination status of exposed staff with OH
6. Hepatitis C (specify acute or chronic)	<ul style="list-style-type: none"> Use Standard precautions
7. Hepatitis D (specify acute or chronic)	
8. Influenza	<ul style="list-style-type: none"> Use Droplet precautions
9. Invasive Pneumococcal Disease (IPD)	<ul style="list-style-type: none"> Use Standard precautions
10. Hydatid Disease	
11. Listeriosis	
12. Mumps	<ul style="list-style-type: none"> Use Droplet precautions Check vaccination status of exposed staff with OH Post- exposure prophylaxis for non- immune/ not vaccinated or immunocompromised exposed staff
13. Scabies	<ul style="list-style-type: none"> Use Contact precautions
14. Sexually transmitted Infections (STI) e.g. Chlamydia, Gonorrhea, Syphilis (specify)	<ul style="list-style-type: none"> Use Standard precautions
15. Tetanus	
16. TB (extra-Pulmonary)	<ul style="list-style-type: none"> No draining lesions- use Standard precautions With draining lesions- use Contact precautions