



# EMPLOYEE HEALTH PROGRAM

GDIPC

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## Element : B-7

- **Sub- Element (14)**
- **Activities for auditing:**
  - ✓ **(D)** documentation
  - ✓ **(SI)** staff interview
  - ✓ **(O)** observation
  - ✓ **(MR)** Medical record
  - ✓ **(PF)** Personal Files
- **Score (0-1-2)**

## Sub- Element (B-7.1)

**There is a written policies and procedures for employees' health related issues (i.e., pre-employment counseling and screening, immunization, post exposure management and work restriction). (D)**

## Review the policy, which should be:

- Comprehensive:
  1. Pre-employment counseling & baseline screening
  2. Determining of immune status & administering appropriate vaccines
  3. Reporting, follow up
  4. Employee health related education & training programs
  5. BICSL license & N95 fit testing

- Fully applicable
- Based on scientific references approved
- Signed from authorized personnel
- Approved by IC committee

## Sub- Element (B-7.2)

**There is a special clinic for employees' health that provides pre-employment counseling and screening, immunization, post exposure management and work restriction. (O - SI)**

## ***Observe the employee health clinic to ensure that:***

### **1. It is a dedicated clinic that covers all activities of employee health program:**

- Pre-employment counseling & baseline screening.
- Determining of immune status & administering appropriate vaccines.
- Reporting, follow up and management of needle stick or sharp injuries and blood or body fluid exposures.
- Reporting, follow up and management of exposure to open pulmonary TB, MERS-CoV, chicken pox, measles, mumps, and rubella.
- Work restrictions.
- Employee health related education & training programs.
- BICSL license & N95 fit testing.

### **2. The clinic has a definite time and assigned staff .**

## **Ask assigned staff of the employee health clinic about activities of the clinic:**

1. How do you determine the immune status of newly hired staff against.
2. How do you report, follow up and manage a physician with unprotected exposure to a case of confirmed MERS-CoV infection?
3. How do you manage a HCW who has been exposed to a case of chicken pox?
4. What are you going to do after being informed that a laundry employee has been exposed to needle stick injury today?

5. How do you report, manage and follow up a nurse who has been exposed to patient's
6. What are the components of BICSL license and how do you calculate coverage rate?
7. How do you send reports and data through EPINet, HESN or other approved reporting system (if applicable)?
8. How can you apply work restrictions on a nurse who has been exposed to a case of measles (if applicable)?

## Sub- Element (B-7.3)

All employees have a baseline screening for hepatitis B, hepatitis C, HIV and tuberculosis (TB). (D - MR)

## Sub-Element (B-7.4)

**The immune status of newly hired staff against hepatitis B, measles, mumps, rubella and varicella are determined by documented vaccination, serological evidence of immunity, or documented clinical / laboratory evidence of disease with lifelong immunity). Appropriate vaccine(s) is administered to those who are susceptible.**

**(D - MR - SI)**

## Review the following documents:

1. Plan & written protocol for screening any newly hired employee for hepatitis B, hepatitis C, HIV and tuberculosis (TB).
2. Screening data
3. Plan & written protocol for identifying susceptible staff based on documented vaccination, serological evidence of immunity, or documented clinical / laboratory evidence of the disease.
4. Vaccination programs for susceptible HCWs
5. Vaccination activities / Lists of target groups for different vaccines & coverage rates.

## Randomly review 3 - 4 HCWs' medical records:

1. Check for evidence of baseline screening for hepatitis B, hepatitis C, HIV and tuberculosis (TB)
2. Check for evidence of immunity regarding hepatitis B, measles, mumps, rubella and varicella
3. Check for evidence of administration of appropriate vaccine(s) to those who are susceptible.

## **Ask assigned staff of the employee health clinic:**

- How do you identify susceptible staff regarding hepatitis B, measles, mumps, rubella and varicella to administer appropriate vaccine(s)?
- How can you establish required vaccination programs for susceptible HCWs?
- How do you correctly prepare lists of target groups & calculate coverage rates for different vaccines?
- How can you properly document different vaccination activities?

## Sub- Element (B-7.5)

**The influenza vaccine is administered annually to targeted HCWs as per MOH recommendations. (D - MR - SI)**

## **Review the following documents:**

1. Lists of target groups for annual influenza vaccination
2. Annual report of the employee health clinic that includes overall coverage rate of annual influenza vaccination.

## **Randomly review 3 - 4 employee medical records:**

- Check for evidence of annual influenza vaccination
- Check for evidence valid BICSL license (if applicable)

## **Ask 3 - 4 HCWs about being vaccinated with the annual influenza vaccine:**

1. What is the last vaccine you get and when?
2. Show me your card of BICSL license (if applicable, it should be valid license)

## Sub- Element (B-7.6)

**Newly hired staff are screened for tuberculosis upon contracting with Purified Protein Derivative based Tuberculin Skin Test (PPD-based TST). The test is repeated annually for those who are non-reactive and PPD-based TST conversion rates are monitored and calculated. (D - MR - SI)**

## **Review the following documents:**

1. Overall coverage rate for baseline PPD-based Tuberculin Skin Testing of hospital's staff
2. Lists of target groups (non-reactive HCWs) for annual PPD-based TST
3. Annual report of the employee health clinic that includes coverage rate of annual PPD- based TST & conversion rate

## **Randomly review 3 - 4 employee medical records:**

1. Check for evidence of the baseline PPD-based TST (if applicable)
2. If HCW is non-reactive, check for evidence of annual PPD-based TST

## **Ask assigned staff of the employee health clinic:**

1. How do you correctly prepare lists for target groups for baseline and annual PPD- based TST?
2. Do you have to include HCWs who have a history of receiving BCG vaccine in baseline PPD testing?
3. Do you have to include HCWs with documented previous PPD-based TST positive reaction?
4. How do you administer and read PPD-based TST?
5. How do you properly interpret results of PPD-based TST?
6. How can you calculate PPD-based TST conversion rates?

## Sub- Element (B-7.7)

**There is an implemented system for reporting, follow up, and management of sharp or needle stick injuries and blood/body fluid exposures. (D - MR - SI)**

## Sub- Element (B-7.8)

**Reporting through electronic system is active and ongoing (i.e., reliable reports of sharp or needle stick injuries and blood/body fluid exposures are sent to GDIPC through, HESN or HESN PLUS other approved reporting system in a timely manner). (D - SI)**

## Review the following documents:

1. Filled EPINeT forms (or other equivalent forms) during the last 3 - 6 months for HCWs who had exposed to sharp/needle stick injuries or blood/body fluid
2. Evidence of regular reliable reporting (i.e., ongoing & active reporting in timely manner).
3. Annual report of the employee health clinic that includes sharp/needle stick injuries & blood/body fluid exposures rates

## **Review medical records of the last 2-3 HCWs who had exposed to sharp/needle stick injuries or blood/body fluid for:**

- ❖ Documented evidence of follow up and management:
  - Post Exposure Prophylaxis (PEP)
  - Vaccination against Hepatitis B virus
  - Hepatitis B immune globulin (HBIG) to susceptible HCWs
  - Follow up serological testing
  - Counselling & treating diseased HCWs, ... etc..

## **Ask 3 - 4 of hospital's staff of different categories:**

1. What are you going to do if you have exposed a sharp or needle stick injury?
2. Do you have to squeeze the site of injury and apply powerful antiseptics locally?
3. What are you going to do for reporting this incident?

## **Ask assigned staff of the employee health clinic:**

1. How do you evaluate both the exposed employee and the source patient?

1. How can you properly apply post-exposure follow up & management plan for HBV, HCV or HIV?
2. How can you report, manage, and follow up a nurse who had exposed to sharp injury from unknown source?
3. How can you report, manage and follow up a lab technician who had exposed to needle stick injury from a patient +ve for HBV & HIV?
4. When do you get your last training program regarding EPINet, HESN or other approved reporting system?
5. Show me how you can report a case of sharp/needle stick injury or blood/body fluid exposure to GDIPC through EPINet, HESN or other approved reporting system
6. How do you properly interpret changes in sharp/needle stick injuries & blood/body fluid exposure rates?

## Sub- Element (B-7.9)

**The Employee health clinic team regularly monitors different types of staff exposure and recommend corrective actions to prevent recurrence, e.g., devices with safety mechanisms (self-sheathing needles-retractable needles and scalpels ... etc..). (D - SI)**

## Review the following documents:

1. Annual report of the employee health clinic that includes rates.
2. Documented evidence of corrective intervention:
  - Change in specific policy to replace a risky procedure with a less risky procedure
  - Replacing a risky device or equipment with a device or equipment that has more advanced safety features
  - Comparing exposure rates before & after corrective actions.

3. IC committee meeting minutes that discuss and interpret rates of different exposures (or changes in exposure rates) classified by department, occupational category, device-based, etc.
4. Documented evidence of feedback that is provided to HCWs involved in corrective interventions or prevention strategies.

## **Ask HCWs involved in corrective interventions or prevention strategies about:**

1. Rates of different exposures (or changes in exposure rates) classified by department, occupational category, device-based ... etc.
2. Continuous communication & feedback (e.g., exposure rates before & after application of the corrective action or the prevention strategy).
3. Change in the policy that replaces the risky procedure with the less risky procedure (if any)
4. Replacing the risky device or equipment with the device or equipment that has more advanced safety features (if any)

## Sub- Element (B-7.10)

**Updated medical records (or copies) are available for all personnel of supportive services (i.e., kitchen, laundry, housekeeping, waste management ...etc.) (D - MR)**

## Review the following documents:

- Documented evidence of listing all of the hospital's staff with job categories including personnel in supportive services .

## **Randomly review 3 - 4 original medical records (or copies) of personnel of supportive services:**

1. Check for evidence of baseline screening (if applicable)
2. Check for evidence of immunity or administration of appropriate vaccine(s) to those who are susceptible.
3. Check for evidence of post exposure follow up and management (if applicable)
4. Work restrictions

## Sub- Element (B-7.11)

The screening, immunization, and post exposure management data are kept in staff medical records. (MR)

## Randomly review 3 - 4 employee medical records:

1. Check for evidence of baseline screening (if applicable)
2. Check for evidence of immunity or administration of appropriate vaccine(s) to those who are susceptible
3. Check for evidence of post exposure follow up and management (if applicable)
4. Work restrictions

## Sub-Element (B-7.12)

**There are regular training activities for employee health program. (D - PF - SI)**

## Review documented evidence of training activities for employee health program:

1. Annual report of the employee health clinic and training plan.
2. Lists of target groups.
3. Components or elements of the educational activities and training program, such as (PPE, Respiratory protection, N95 fit testing, Sharp, needle stick injuries, Recommended vaccines, Work restriction).
4. Trainees' Attendance sheets.
5. Records of educational and training activities with calculation of coverage rates

Randomly review 3 - 4 personal files (original files or copies) for availability of:

1. BICSL license
2. Attended educational and training activities, such as (PPE, Respiratory protection & N95 fit testing, Sharp, needle stick injuries, Post exposure management & follow up, Recommended vaccines)
3. Work restriction

Ask 3 - 4 of hospital's staff of different categories:

1. What are the PPEs required for caring of a patient under airborne precautions?
2. What are you going to do if you have exposed a sharp or needle stick injury?
3. Do you have to squeeze the site of injury and apply powerful antiseptics locally?
4. What are you going to do for reporting this incident?

## Sub- Element (B-7.13)

**Exposed health care workers are isolated when needed (either home isolation in staff accommodation or identified rooms in the hospital for HCWs isolation). (O - SI)**

## Observation:

1. Observe the availability of allocated room(s) in staff accommodation for home isolation. Room(s) should be:
  - Adequately ventilated with separate air conditioning system
  - With separate Facilities (e.g., private bathroom(s))
2. If home isolation in staff accommodation is not attainable, check the rooms that are identified in the hospital for home isolation of HCWs when required

Ask 3 - 4 of hospital's staff about home isolation in staff accommodation:

1. What is meant by home isolation in staff accommodation?
2. How many rooms are assigned in your accommodation for home isolation? Do you know them?
3. How do you deal with HCWs under home isolation in your accommodation?
4. What are facilities that can be shared safely with HCWs under home isolation in your accommodation?

## Sub- Element (B-7.14)

**Approved MOH policies for work restriction are strictly applied. (D – MR–SI)**

Review documented evidence of application of work restriction as per an approved MOH policies:

- A. Annual report.
- B. Lists of target groups.
- C. Components or elements of the educational activities and training program
- D. Trainees' Attendance sheets
- E. Records of educational and training activities with calculation of coverage rates

## Review the following documents:

- A. Check for approved work restriction policy and related procedures for hospital's staff to outline infections
- B. Fulfilled work restriction forms (or other relevant forms) during the last 3 - 6 months for HCWs who were restricted from work.

## Review the following documents:

- ❑ Documented evidence of application of work restriction policy:
  - Medical sickness reports, which were fulfilled during the last 3 - 6 months for HCWs who were suffering from infections or conditions that require work restriction.
  - Evaluation of their infections or conditions in employee's clinic, ER or medical department.
  - Investigation & treatment reports.
  - Check how HCW is allowed to join back after recovery.

Ask assigned staff of the employee health clinic about application of work restriction plan:

1. How do you report, manage and follow up a physician who was exposed to a patient confirmed for MERS-Co without PPE for more than 10 minutes?
2. How can you manage and follow up a susceptible nurse who had exposed to a patient +ve for measles?
3. How can you manage and follow up a respiratory therapist who had open pulmonary TB?
4. How do you manage and follow up a surgeon who had staphylococcus aureus infection (active draining skin lesions)?