



Policy and Procedure of  
Staff Screening

AMRH/IC/P&P/010/Vers.02  
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## Acronyms

<b>AMRH</b>	Al Masarra Hospital
<b>CSSD</b>	Central Sterile Supply Department
<b>DTaP</b>	Diphtheria, Tetanus, Pertussis
<b>HBV</b>	Hepatitis B Virus
<b>HCV Ab</b>	Hepatitis C Virus antibody
<b>HCWs</b>	Healthcare Workers
<b>Hepatitis Bs Ag</b>	Hepatitis B surface antigen
<b>HIV</b>	Human Immunodeficiency Virus
<b>HOD</b>	Head of Department
<b>IGRA</b>	Interferon-gamma release assay
<b>MMR</b>	Measles, Mumps, Rubella
<b>P&amp;P</b>	Policy and Procedure
<b>QFT</b>	QuantiFERON-TB
<b>TST</b>	Tuberculin skin test
<b>Vers.</b>	Version Number
<b>VzV IgG</b>	Varicella-Zoster Virus Immunoglobulin G



## Policy and Procedure of Staff Screening

### 1. Introduction

Transmission of disease in health care settings although uncommon, has known to occur and it is important that policies are in place to enhance the safety of the environment for both health care workers and the patients. The pre-employment investigation and vaccination will assure the safety of the service given to the patients and the safety of the health care workers at the same time.

### 2. Scope

This document is applicable to all healthcare workers who are in contact of the patient, the Infection Control Prevention and Control specialist and medical store staffs in Al Masarra Hospital (AMRH).

### 3. Purpose

- 3.1 To prevent and control vaccine preventable disease during the pre-employment period.
- 3.2 To ensure that all health care workers who are in contact with the patients are screened and vaccinated.
- 3.3 To have a baseline data investigation regarding the communicable disease infections among the health care workers.

### 4. Definitions

- 4.1 **Immunization:** the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine.
- 4.2 **Vaccine:** a biological preparation that improves immunity to a particular disease.

### 5. Policy

- 5.1 All health care workers must be vaccinated and screened for certain infectious diseases.



- 5.2 All health care workers who are in contact with patients and body fluids must fill and complete a declaration form given by the infection prevention & control department. (*See Appendix 1. Staff Declaration Form*)

## 6. Procedure

- 6.1 All health care workers who are in contact with the patients or their body fluids shall go to the Infection Prevention and Control Department and must be screened and vaccinated against transmissible infections on preemployment period (Internship).
- 6.2 All health care workers must be screened regarding the listed diseases:
- 6.2.1 Human Immunodeficiency Virus (HIV 1/2ab)
  - 6.2.2 Hepatitis C Virus antibody (HCVab)
  - 6.2.3 Hepatitis B surface antigen (HBs Ag)
  - 6.2.4 Anti-HBs titer prescreening
  - 6.2.5 Varicella (VzV IgG)
- 6.3 All health care workers in contact with the patients or body fluids shall be immunized against the following diseases:
- 6.3.1 Hepatitis B Virus (HBV)
  - 6.3.2 Varicella (Chicken Pox)
  - 6.3.3 Measles, Mumps, Rubella (MMR)
  - 6.3.4 Diphtheria, Tetanus, Pertussis (DTap)
- 6.4 All health care workers must ensure they have acceptable evidence of protection against Hepatitis B infection by availability of the Immunization History card. (*See Appendix 2. Immunization History Card*)
- 6.5 An acceptable evidence of protection shall be ensured by all health care workers against measles, mumps, rubella, varicella, pertussis, diphtheria and influenza if their work duties involve direct contact with identified client groups who are at increased risk of complications from their diseases by availability of the Immunization History card (*See Appendix 2. Immunization History Card*).



- 6.6 All health care workers shall have a baseline Tuberculin skin test (TST) or Interferon-gamma release assay (IGRA) test such as QuantiFERON-TB(QFT).

## 7. Responsibility

### 7.1 Infection Prevention and Control Staff/Practitioner Shall:

- 7.1.1 Indent the needed vaccines periodically.
- 7.1.2 Administer the vaccination for the health care workers.
- 7.1.3 Maintain the record of vaccination.
- 7.1.4 Send the annual statistics in central department of Infection Prevention & Control.

### 7.2 Health Care Workers Shall:

- 7.2.1 Ensure receiving all the recommended vaccinations and finalize the declaration form from Infection Control Department. (*See Appendix 1. Staff Declaration Form*)

### 7.3 Medical Store Staff Shall:

- 7.3.1 Ensure the availability of all vaccines.



## 8. Document History and Version Control

<b>Document History and Version Control</b>			
<b>Version</b>	<b>Description of Amendment</b>	<b>Author</b>	<b>Review Date</b>
1	Initial Release	Siham Al Zadjali	September 2022
2	Review and Update	Siham Al Zadjali	April 2025
<b>Written by</b>	<b>Reviewed by</b>	<b>Approved by</b>	
Siham Al Zadjali	Noora Al Zadjali	Dr. Bader Al Habsi	
	Dr. Said Al Kaabi		

## 9. Related Documents

- 9.1 Appendix 1. Staff Declaration Form
- 9.2 Appendix 2. Immunization History Card
- 9.3 Appendix 3. Audit Tool

## 10. References

<b>Title of book/journal/articles/ Website</b>	<b>Author</b>	<b>Year of Publication</b>	<b>Page</b>
The Infection Prevention & Control Manual 3 <sup>rd</sup> edition (Immunization guideline for health care workers)	GCC Centre for Infection Control. Ministry of National Guard. KSA	2013	150-153
World Health Organization (WHO) VACCINES <a href="https://www.who.int/topics/vaccines/en/">https://www.who.int/topics/vaccines/en/</a>	World Health Organization (WHO)	2019	---



## Appendices

### Appendix 1. Staff Declaration Form

#### Al Masarra Hospital Immunization Declaration form

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Nationality:</b>	
<b>Telephone No.</b>	
<b>E- Mail</b>	

	Type	Date/result	Evidence attached
<b>1. Hepatitis B Virus (Anti-HBsAg Antibodies)</b>			
<p><u>Vaccination:</u> Documented evidence of a completed, age appropriate course of hepatitis B vaccination</p> <p>NB: Where there is a history of vaccination and anti-HBs<math>\geq</math>10 but no documentation, it is reasonable to accept that they have been vaccinated as per the appropriate schedule.</p>	Vaccination	<p>1<sup>st</sup> Dose: ___/___/___</p> <p>2<sup>nd</sup> Dose: ___/___/___</p> <p>3<sup>rd</sup> Dose: ___/___/___</p>	
<p><u>Serology:</u></p> <ul style="list-style-type: none"> <li>This is required in addition to hepatitis B vaccination. Aim is to have: Anti-HBs<math>\geq</math>10m/U/mL.</li> </ul>	Serology	<p>Result: Date: ___/___/___</p>	
<p>Or</p> <ul style="list-style-type: none"> <li>Documented evidence of anti-HBC, indicating past hepatitis B infection</li> </ul>	Serology	<p>Result: Date: ___/___/___</p>	
<b>2. Hepatitis C Virus:</b>			
Serology of HCV antibodies	Serology	<p>Result: Date: ___/___/___</p>	
<b>3. HIV</b>			
Serology of HIV antibodies	Serology	<p>Result: Date: ___/___/___</p>	
<b>4. Influenza</b>			
Annual influenza vaccine	vaccination	Date: ___/___/___	
<b>5. Measles, Mumps, Rubella (MMR)</b>			



2 doses of MMR, 4 weeks apart	Vaccination	1 <sup>st</sup> Dose: ____/____/____  2 <sup>nd</sup> Dose: ____/____/____	
<b>6. Varicella (Chicken Pox)</b>			
Vaccination: • 2 doses of Varicella vaccine at least one month apart. Or • Serology: Positive of Varicella	Vaccination   Serology	1 <sup>st</sup> Dose: ____/____/____  2 <sup>nd</sup> Dose: ____/____/____  Result: Date: ____/____/____	

**Declaration:**

*(To be filled and signed by the applicant)*

I hereby declare that all the information provided in the table is correct and I acknowledge complete responsibility for the mentioned above:

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Verified and approved:**

*(To be filled and signed by department of infection prevention and control)*

I hereby declare that all the information provided in the table is correct and I acknowledge complete responsibility for the mentioned above:

Name: \_\_\_\_\_

Signature and Stamp: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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**Appendix 2. Immunization History Card**

Sultanate of Oman Ministry of Health

**Immunization History Card**  
*For Health Care Workers*

Civil/Residence ID No.:  Staff No.:

Institution:  Name:  Age:

Vaccine	1 <sup>st</sup> dose: Date	2 <sup>nd</sup> dose: Date	3 <sup>rd</sup> dose: Date	Remarks	
				PSI*	Not Immune
Hep - B					
Varicella					
MMR					
IPV					
Influenza					
Others					

\*PSI: Post Screening Immunity of Anti-Hep-Bs and Antibodies PR: 122

**Immunization History Card**  
*For Health Care Workers (HCW)*

Vaccine	Recommendations in brief
Hepatitis B	HCWs who have not received HBV before. **Give 3 doses series (dose #1 now, #2 in 1 month, #3 approx. 5 months after #2). Give IM, Obtain anti-HBsAg serologic testing 1-2 months after dose #3.
Varicella (Chickenpox)	HCWs who have no serologic proof of immunity prior vaccination or history of varicella disease. **Give 2 doses of varicella vaccine, 4 weeks apart. Give (SC).
MMR	HCWs with no evidence or documented vaccination have been divided in two subcategories: Omani : HCWs over 35 years of age Non - Omani: New employees and existing HCWs **Give 2 doses of MMR, 4 weeks apart. Give IM.
IPV	All laboratory workers who have not received IPV previously. ** 3 doses of 0.5ml should be administered IM/SC. First 2 dose to be given at interval of 1-Month, and 3rd dose to be given 6-Months after 2nd dose.
Influenza	**HCWs should receive a single dose of influenza vaccine (IM) annually.

This card is a documented evidence of receiving the above recorded vaccines. Date of issue:

Issued By: Department of Communicable Disease Surveillance & Control DGHA, Ministry of Health, Sultanate of Oman



### Appendix 3. Audit Tool

**Al Masarra Hospital  
Infection Prevention & Control Department  
Staff Screening**

Ward: \_\_\_\_\_ Date: \_\_\_\_\_

Code	Audit Process	Standard/Criteria	Yes	No	N/A	Comment
1.	Observation	Are the listed vaccines available? a. Hepatitis B vaccine b. Influenza vaccine c. MMR vaccine d. varicella vaccine e. Tetanus-Diphtheria Accellular Pertussis (Tdap)				
2.	Interview Document review	Do health care workers receive the following vaccinations? a. Hepatitis B vaccine b. Influenza vaccine c. MMR vaccine d. varicella vaccine e. Tetanus-Diphtheria Accellular Pertussis (Tdap)				



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3.	Interview Document review	Are all health care workers having a baseline Tuberculin skin test (TST) or Interferon-gamma release assay (IGRA) test such as QuantiFERON-TB(QFT)?				
4.	Document review	Is there an acceptable evidence of protection against hepatitis B infection for the health care workers?(check Immunization History card or declaration form)				
5.	Document review	Is there an acceptable evidence of protection against measles, mumps, rubella, varicella, pertussis, diphtheria and influenza if the healthcare workers' duties involve direct contact with identified client groups who are at increased risk of complications from their diseases?(check Immunization History card or declaration form)				
6.	Observation Document review	Is the declaration form maintained and completed?				
7.	Interview Document review	Is the Immunization History card available?				



#### Appendix 4. Document Request Form

Document Request Form			
<b>Section A: Completed by Document Requester</b>			
1. Requester Details			
Name	Siham Al Zadjali	Date of Request	April 2022
Institute	Al Masarra Hospital	Mobile	93693628
Department	Infection Control and Sterilization Service	Email	siham.mohd@hotmail.com
The Purpose of Request			
<input type="checkbox"/> Develop New Document	<input checked="" type="checkbox"/> Modification of Document	<input type="checkbox"/> Cancelling of Document	
1. Document Information			
Document Title	Policy of Staff Screening		
Document Code	AMRH/IC/P&P/010/Vers.02		
<b>Section B: Completed by Document Controller</b>			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:.....	
Comment and Recommendation:			
Name	Kunooz Al Balushi	Date	April 2022
Signature		Stamp	





### Appendix 5. Document Validation Checklist

Document Validation Checklist					
Document Title: Policy and Procedure of Staff Screening			Document Code: AMRH/IC/P&P/010/Vers.02		
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
<b>1.</b>	<b>Approved format used</b>				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
<b>2.</b>	<b>Document Content</b>				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)	✓			
<b>3.</b>	<b>Well defined procedures and steps</b>				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart		✓		
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
<b>4.</b>	<b>General Criteria</b>				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations ... For implementation ..... More revision ..... To be cancelled.....					
Reviewed by: <u>Kunooz Al Balushi</u>			Reviewed by: <u>Ruvilee Ramel-Bueno</u>		

