

INFECTION SAFETY QUESTIONNAIRE

The purpose of the questionnaire is, on the basis of the Act on infectious diseases, to clarify the employee's/student's current infections and the carrying of pathogens that are significant to the hospital hygiene, as well as the person's resistance to infectious diseases.

The questionnaire is carried out for all new employees/trainees in patient care at the Hospital District of Southwest Finland before their first employment, also for short-term substitutes. If the new employee doesn't want to answer some of the questions, he or she will be directed to the student or occupational health service.

In addition to answering the questionnaire below each new employee/student must familiarise themselves with the instructions on hygiene for the hospital district's staff: <https://hoito-ohjeet.fi/fi/ammattilaisille> - infectious diseases and the instructions from the Medical Director of the hospital district 2/2014 (Työntekijöiden ja opiskelijoiden työasu- ja hygieniahje, i.e. instructions on the staff's and students' uniform and hygiene).

1. CONDITION OF THE HANDS A healthy skin of the hands is the best protection against infections.

	NO	YES
I understand that rings, nail enhancements and bracelets are forbidden in patient care.	<input type="checkbox"/>	<input type="checkbox"/>
Do you at the moment have a rash, an infection of the nail wall or herpes blisters on your hands?	<input type="checkbox"/>	<input type="checkbox"/> *

2. CURRENT INFECTION A person suffering from gastroenteritis or feverish respiratory infection is not allowed to be present in the patient and client premises or the hospital food service premises. You can go back to work after a feverish respiratory infection when the fever is gone and any other symptoms have decreased. After gastroenteritis you can go back to work 48 hours after the symptoms have stopped.

	NO	YES
Do you have a feverish respiratory infection at the moment?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have gastroenteritis at the moment?	<input type="checkbox"/>	<input type="checkbox"/>

3. TUBERCULOSIS

	NO	YES
Have you at some point been exposed to infective pulmonary tuberculosis (e.g. someone in the same household has been diagnosed with pulmonary tuberculosis)?	<input type="checkbox"/>	<input type="checkbox"/> *
Have you treated patients with pulmonary tuberculosis without respiration mask?	<input type="checkbox"/>	<input type="checkbox"/> *
Are you born in a country where the incidence rate of tuberculosis is very high compared to Finland (>150/100,000/year)? A list of countries can be found on the website of the National Institute for Health and Welfare https://thl.fi/en/web/infectious-diseases Note! If the work tasks include treatment of newborns, the limit of the incidence rate of tuberculosis in the country of birth or the country of work is lower, >50/100,000	<input type="checkbox"/>	<input type="checkbox"/> *
Have you spent at least 12 months in an abovementioned country?	<input type="checkbox"/>	<input type="checkbox"/> *
Have you been working in health care in an abovementioned country for at least 3 months?	<input type="checkbox"/>	<input type="checkbox"/> *

4. SALMONELLA Applies to new employees in the food service.

	NO	YES
Have you in the last month had diarrhoea during/after a trip abroad?	<input type="checkbox"/>	<input type="checkbox"/> *

5. IMMUNIZATION If there are shortages in your vaccination coverage, contact your occupational or student health service as soon as possible.

	NO	YES
Have you received a diphtheria and tetanus vaccine during the last 20 years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had chickenpox or received the chickenpox vaccine series (2 doses)?	<input type="checkbox"/>	<input type="checkbox"/>

Have you had measles or received the MMR vaccine series (2 doses)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had rubella or received the MMR vaccine series (2 doses)?	<input type="checkbox"/>	<input type="checkbox"/>
If you take care of children under 12 months of age, have you received the whooping cough vaccine (at least three DTwP or DTaP doses) within last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
If there is a risk for blood exposure, have you received the hepatitis B vaccine series (three doses)?	<input type="checkbox"/>	<input type="checkbox"/>
Has your hepatitis B immunization been found sufficient (S-HBsAb > 10 IU/l)?	<input type="checkbox"/>	<input type="checkbox"/>
Because of patient safety, health-care personnel should receive a seasonal flu vaccine every autumn. Do you have any health related issues that may hinder flu vaccination?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of the fact that due to patient safety the staff should take the flu vaccine every autumn?	<input type="checkbox"/>	<input type="checkbox"/>

6. ANTIOTIC-RESISTANT BACTERIA

	NO	YES
Have you had a multi-resistant bacteria (e.g. MRSA, CPE or VRE)? If you are a carrier, please contact the Department of Hospital Hygiene and Infection Control at the Hospital District of Southwest Finland.	<input type="checkbox"/>	<input type="checkbox"/>
Have you during the last year worked within patient care at a hospital/an institution abroad?	<input type="checkbox"/>	<input type="checkbox"/> *
Have you during the last year been a patient yourself at a hospital/an institution abroad?	<input type="checkbox"/>	<input type="checkbox"/> *

The employee's/trainee's

Name _____
 Social security number _____
 Telephone _____
 Title/description of duties _____

Employee	<input type="checkbox"/>
Student	<input type="checkbox"/>
Person undergoing non-military service	<input type="checkbox"/>
Other	<input type="checkbox"/>

What: _____

Department of work/training _____

_____/_____/_____
 Date

 Employee's/trainee's signature

If you have ticked off something with a * sign, please contact your occupational or student health service immediately by phone.

The form is to be sent to the occupational health service/student health service BEFORE STARTING EMPLOYMENT. Fill in and print the form in two copies. Send one copy to the occupational health service/student health service and keep the other copy yourself.

If there are any changes in the information above, please notify your occupational or student health service immediately.

Additional information:

Länsirannikon Työterveys Oy (occupational health service), tel. 010 3252 200
 Student health service in Turku, tel. 02 266 1570
 FSHS (Finnish Student Health Service), tel.046 7101050
 Department of Hospital Hygiene and Infection Control, Hospital District of Southwest Finland, tel. 02 313 2431