

POLICY FOR EXPATRIATE WORKERS MEDICAL SCREENING JUNE 2016

Policy Statement:

The intent of this policy is to protect the public from the importation of infectious diseases into the Cook Islands including chronic diseases that will have a negative impact on the resources of the Cook Islands. These diseases have the potential to spread throughout the population and place a heavy burden on the country's resources. This policy applies to all persons applying for or intending to apply for entry permits to work in the Cook Islands for more than 31 days. In order to minimize the negative impact on the resources, sponsors/employers will be required to execute an Agreement with the Ministry of Health.

The Ministry of Health is mandated by Part 11 (Notifiable Conditions and Dangerous Conditions) and Schedule 2, of the Public Health Act 2004 (as amended) and by the Entry Residence and Departure Act 1971 - 72 to screen expatriate workers for any of the diseases listed.

Reasons for the Policy:

The policy cites the Ministry of Health's mission of 'accessible and affordable health care of the highest quality for all' and its goal of 'protecting public health by providing quality health services'.

A few expatriate workers arriving into the Cook Islands are from high-risk countries for Tuberculosis (TB), HIV/AIDS, Hepatitis A, B, C, D, and Sexually Transmitted Infections, notably Syphilis. This policy addresses the Ministry's mission statement and prevents the entry of people with notifiable diseases into the Cook Islands and allows for early identification to mitigate any consequences of a person arriving with a notifiable disease.

Principles:

The Ministry's values and principles of Integrity, Respect, Equity, Accountability and being People Focussed provides the basis for this policy. All expatriate workers are expected to have medical insurance to the satisfaction of the Ministry. In the long term the Ministry may consider the lack of medical insurance cover, un-immunized children, severe mental disorder and conduct disorder (alcohol, drug abuse, serious sexual deviance) as legitimate reasons for refusing entry into the Cook Islands.

Contact Information:

	Office	Telephone	Website
Policy Clarification & Interpretation	Director of Community Health Services, Ministry of Health, Cook Islands	(682) 29110	www.health.gov.ck
Administration	Administration officer, Community Health	(682) 29110	www.health.gov.ck

	Services Directorate, Ministry of Health, Cook Islands		
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Responsibility:

Responsible Party:	Responsibilities:
Applicant / Sponsor / Employer	<ol style="list-style-type: none"> 1. Submit the completed Medical and Chest X-ray (IMM18) form to Administration officer; 2. Original documentation only will be accepted (Medical and Chest X-ray (IMM) form, passport photos, laboratory, X-ray and relevant reports); 3. Ensure the top of each page is signed by the examining Doctor; and that all sections of the form are completed; 4. Incomplete forms or missing reports will be returned for re-submission; 5. Pay the necessary fees; 6. Provide proof of Medical Insurance to the satisfaction of the Ministry of Health. 7. In the absence of medical insurance execute the Agreement for the payment of any and all hospital fees for the applicant / employee; 8. On the renewal of the annual work permit with the Department of Immigration the applicant is to complete another medical check.
<p>Any overseas "Accredited" Practitioner or Registered clinician within a hospital/health center or clinic setting.</p> <p>Cook Islands registered Medical Doctors including registered Private Practitioners (in country)</p>	<ol style="list-style-type: none"> 1. Provide Medical Registration number and place of employment to accompany medical form; 2. Complete all areas of the medical form, sign the top-right hand corner of each page; 3. Provide a signed chest X-ray report and laboratory report; 4. All applicants aged 16 years and over are tested for HIV, Hepatitis B, Syphilis and Mantoux; 5. Applicants under the age of 16 years must provide an Immunization schedule with the Medical form; 6. Hand over the completed form and reports to the applicant; 7. Provide further information as required by the Medical referee.
Administration officer	<ol style="list-style-type: none"> 1. Receives and date-stamps applications received from the applicant / sponsor / employer; 2. Register the applicants in a log-book indicating name, contact number of applicant / sponsor / employer, and date of receipt of application; 3. Collect and receipt fees received; 4. Lock money in a safe place; 5. At end of each business week, reconcile and deposit

	<p>money with Finance division ensuring receipt book is signed by receiving Finance officer;</p> <ol style="list-style-type: none"> 6. Verifies Medical Examiners registration prior to submission of forms to Medical referee; 7. Receive 'checked' forms from Medical referee; 8. If approved by Medical referee, contact applicant / sponsor / employer to collect signed approval letter for Department of Immigration; 9. Check receipt of medical insurance policy and that it meets the requirements for cover of the employee while living in the Cook Islands. If there is no medical insurance policy, the Deed of Agreement is executed; 10. Ensure sponsor / employer executes Deed of Agreement for the payment of any and all hospital fees for the applicant / employee. 11. If not approved by Medical referee, contact applicant / sponsor / employer and request information required; 12. Ensure proper file management of all application forms to assist with retrieval for possible investigation if and when required.
<p>Medical Referee (Director of Community Health Services or appointed nominee)</p>	<ol style="list-style-type: none"> 1. Thoroughly reviews all applications according to fees paid: \$300 – immediate; \$150 – within 5 working days \$100 – within 10 working days \$50 – for each child of applicants under the age of 16 years 2. Due diligence must be applied to each medical report. 3. Pay close attention to questions on infectious and chronic diseases, mental disorders that may place a burden on health services and resources; 4. Review laboratory, X-ray and specific HIV, Mantoux and Consultant reports; 5. Request additional supporting information as required; 6. Approve application submitted; 7. Approval letter is provided to the sponsor/employer for submission to the Department of Immigration; 8. If applications are to be declined a letter is forwarded to applicant /sponsor/employer that the applicant failed to meet expected standards for medical clearance; 9. Make time for personal or telephone inquiries to applicant / sponsor / employer and raise any issues of concern; 10. Reject fraudulent applications outright (there is no recourse for rechecks).

Notifiable and Chronic Diseases

Disease	Expected Results
Tuberculosis (TB)	<ol style="list-style-type: none"> 1. Negative, reaction < 5mm. PPD or Tuberculin or Mantoux test. 2. Clear radiological (chest xray) report. 3. For suspicious lesions or dormant tubercle's, an electronic image is sent to the WHO Tb consultant, Australia, for a second opinion. 4. The applicant may be required to supply the image. <p>NB. PPD test is positive 6wks post-infection. It does not inform between active and dormant tb.</p>
HIV (Human immunodeficiency Virus)	<ol style="list-style-type: none"> 1. Non reactive to both HIV-1 and HIV-2. <p>NB. Most if not, all tests detect the presence of antibodies NOT antigens. Beware of the 'window' period* Type 1 (USA) Type 2 (West Africa)</p>
Hepatitis B virus	<ol style="list-style-type: none"> 1. Negative for Hepatitis B surface antigen (HBsAg) <p>NB. Presence indicates active infection. Persistently high levels is considered a carrier.</p> <ol style="list-style-type: none"> 2. Presence of Hepatitis B surface antibody (HBsAb) signify the end of acute phase or immunity.
Syphilis Treponema pallidum (a spirochete)	<ol style="list-style-type: none"> 1. Negative or Non reactive. <p>VDRL or Wasserman's test detects antibodies. RPR more sensitive. Both are non-treponemal specific thus have high false positive. VDRL is positive 2 wks after inoculation.</p> <ol style="list-style-type: none"> 2. TPHA test are performed in other countries.

- Denotes the period between Inoculation and detection of antibodies - usually 12 weeks or more. Tests done during the 'window' period may need to be repeated after 2-3 months, if there is strong suspicion of infection.
- In some cases Hepatitis B antigen may be negative for up to 3 months following exposure. Repeat test if indicated.
- Antibodies to Hepatitis C is detectable 8 weeks post exposure, however, sero-conversion may take up to 6 months. Repeat test if indicated.

SIGNED

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For the Ministry of Health

Print name:
Designation:
Date:

In the presence of: (witness)

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Print name:
Designation:
Date:

SIGNED

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Sponsor/Employer/Representative of
Business

Print name:
Designation:
Sponsor or Employer Address:
Phone:
Email:
Date:
Common seal of Business:

In the presence of: (witness)

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Print name:
Designation:
Date: