

National Taiwan Normal University

Faculty and Staff Health Service Program

Last Amended on June 17, 2022

- Article 1. Rationale
The Faculty and Staff Health Service Program (hereinafter referred to as “the Program”) shall be processed in accordance with the *Communicable Disease Control Act, Occupational Safety and Health Act, Regulations Governing Occupational Safety and Health, Labor Health Protection Rules, Personal Data Protection Act, Regulations Governing Safety and Health Protection for Civil Servants, Directives for the Implementation of General Medical Exam for Civil Servants, and Table of Standard Subsidies for General Medical Exam for Employees of Central Government Agencies.*
- Article 2. Purpose
To promote health services for faculty and staff in which health risks are assessed and health is managed by taking measures as well as adjustments, fitness, and returning to work, thereby improving overall wellbeing for a healthy workplace.
- Article 3. Scope of Application
All University employees.
- Article 4. Division of Labor
1. President:
Supports and coordinates with each academic and administrative unit to promote the Program
 2. Health Center, Office of Student Affairs:
 - (1) Plans, promotes, and implements the Program
 - (2) Help identify environmental and health risk factors, classify health risk levels, and submit written reports detailing assessed risks, Fitness-to-Work evaluation, and advices.
 - (3) Help with injury and disease prevention, first aid response, and emergency hazard control.
 - (4) Handle the planning and implementation of health education, guidance and promotion measures.
 - (5) Help the analysis and evaluation of medical exam results, health risk levels, abnormality-tracking and record-keeping.
 3. Environmental and Public Safety Center:
 - (1) Help with Program promotion and implementation
 - (2) Help identify environmental and health risk factors, levels, and hazard control
 - (3) Help monitor the environment, propose and implement improvement plans.
 4. Office of Human Resources:
 - (1) Help Program promotion and implementation
 - (2) Help remind new employees to submit general medical exam

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report to the Health Center before the prescribed deadline when reporting for duty.

- (3) Help verify the years of service for employees and handle reimbursements for regular full-time faculty
 - (4) Help with administrative management, provide required data including basic profiles of faculty and staff, job transfer requests, list of applicants for maternity, sick, and occupational injury leaves in the attendance system, and overtime and night shift reports.
 - (5) Help with work changes or reassignments based on health risk levels
 - (6) Help identify environmental and mental health risk factors
5. Administrative and academic units:
- (1) Help with Program promotion and implementation
 - (2) Help identify environmental and health risk factors
 - (3) Help remind new employees to submit general medical exam records to the Health Center before the prescribed deadline when reporting for duty
 - (4) Help with work changes, reassignments, or workplace improvement measures based on health risk levels
 - (5) Help adopt health maintenance measures based on health risk levels
6. Employees:
- (1) Deliver an original copy of valid general medical exam records (or a photocopy with the seal of the hospital or owner for proof of identity) to the Health Center of the Office of Student Affairs when reporting for duty
 - (2) Undergo physical, general medical and special health exams, inform the Environmental and Public Safety Center of the Office of Student Affairs if engaged in tasks that pose special health hazards
 - (3) Voluntarily request any health needs and accept work adjustments based on Fitness and Return-To-Work plans
 - (4) For independent contractors employed under 6 months, a general medical exam may be exempted.

Article 5. Exam Rules:

1. The *Occupational Safety and Health Act* and *Labor Health Protection Rules* stipulate that employers shall request new employees to undergo general medical and special health exams depending on the type of tasks involved; for current employees shall regularly undergo general medical exams while those engaged in tasks with special health hazards shall undergo special health exams.
2. General medical and special health exam for new employees:
 - (1) Exam items shall follow general medical exam items specified in the *Labor Health Protection Rules* along with additional special health exam items.
 - (2) Employers shall confirm whether new employees are exposed to special health hazards and inform them to undergo self-paid medical exams at a hospital approved by the Ministry of Labor.

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3. In accordance with the *Regulations Governing Safety and Health Protection for Civil Servants*, *Directives for the Implementation of General Medical Exam for Civil Servants*, and *Table of Standard Subsidies for General Medical Exam for Employees of Central Government Agencies*, current employees enrolled in civil service insurance may regularly undergo general medical exam and apply for subsidies. Please refer to the Office of Human Resources website for applicable rules and notice from the Office of Accounting on annual expenditures.
4. Current employees enrolled in labor insurance shall regularly undergo general medical exams as follows:
 - (1) Those aged 65 and above: once a year
 - (2) Those aged 40 to 64: once every 3 years.
 - (3) Those aged 39 or under: once every 5 years.
5. Employees engaged in tasks with special health hazards shall regularly or voluntarily undergo special health exams prior to work adjustments (commencing or reassigned to tasks with special health hazards).
6. Current employees under the age of 18 who have experienced wrongful harm on duty, belong to workplace maternal health protection program, suffered from illness due to excessive workload, or need the prevention of ergonomic hazards are subject to *Labor Health Protection Rules*. Hazard assessments and health recommendations shall be provided to them by physicians, nurses, or personnel in labor health services.

Article 6. Health management and guidance

1. Health risk level management
 - (1) Level 1: All items are normal or some abnormalities but determined by a physician to have no abnormalities.
 - (2) Level 2: Some or all items are abnormal and determined by a physician to be unrelated to work.
 - (3) Level 3: Some or all items are determined to be abnormal by a physician, but the correlation between the abnormalities and work shall be further evaluated by the occupational physician.
 - (4) Level 4: Some or all items are determined to be abnormal and related to work by a physician
 - (5) For employees classified into Level 2 management or above, the physician shall specify unsuitable tasks along with other necessary and precautionary matters. A clinical diagnosis is required for employees classified into Level 3 or 4 management.
 - (6) For employees classified into Level 2 management, personal health guidance shall be provided by a registered nurse. For employees classified into Level 3 management, follow-up care shall be conducted by an occupational physician. Suspected occupational illnesses shall be assessed and the results shall be reported along with implementation measures in accordance with notice from the central competent authority. For employees classified into Level 4 management with work

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hazards determined by an occupational physician, relevant control and measures shall be implemented.

2. Current employees under the age of 18 who have experienced wrongful harm on duty, belong to workplace maternal health protection plan, suffered from illness due to excessive workload, or need the prevention of ergonomic hazards are subject to *Labor Health Protection Rules*. Hazard assessments and health recommendations shall be provided to them by physicians, nurses, or personnel in labor health services.

Article 7. Program content:

1. The following items (annual schedule in Appendix 1) shall be included in health services for faculty and staff:
 - (1) Workplace hazard identification and health risk management
 - (2) General medical exam results and analysis for new employees
 - (3) Plans for adjustments, fitness, and returning to work for faculty and staff with occupational illness
 - (4) Health management of occupational abnormalities from general medical and special health exams
 - (5) Maternal health protection program
 - (6) Assessment and management of high-risk cases among faculty and staff
 - (7) Occupational injury/illness prevention, case management, and record-keeping
 - (8) Prevention programs for illnesses from excessive workload
 - (9) Directions for preventing wrongful harm on duty
 - (10) Ergonomic hazard prevention plan
 - (11) Respiratory protection plan
 - (12) First aid training
 - (13) Health education, guidance, and promotion
 - (14) Providing employers with regular reports and advice on health services for faculty and staff
2. The progress of each health service implementation for employees shall be monitored. The flowchart is detailed in Figure 1.

Article 8. Medical exam reports of new employees and general medical exam reports of current employees shall be retained for 7 years in accordance with *Occupational Safety and Health Act* and *Labor Health Protection Rules*. Special health exam reports shall be retained for the prescribed duration for hazardous operations, and any personal data therein shall be kept confidential.

Article 9. Violations of Article 20 Paragraph 6, Article 32 Paragraph 3, or Article 34 Paragraph 2 of the *Occupational Safety and Health Act* shall be subject to a fine under NT\$3,000.

Article 10. Matters or any regulatory amendments unaddressed herein shall be processed in accordance with the applicable provisions and regulations.

Article 11. The Program and any amendment thereto shall be implemented upon passage by the Environmental Protection and Safety and Health Committee and approval by the President.

Appendix 1

Annual Health Service Program Timetable for Faculty and Staff

Item no.	Health Service Item	Implementation Date from January to December											
		1	2	3	4	5	6	7	8	9	10	11	12
1	Workplace hazard identification and health risk management	v	v	v	v	v	v	v	v	v	v	v	v
2	General medical exam results and analysis for new employees	v	v	v	v	v	v	v	v	v	v	v	v
3	Plans for adjustments, fitness, and returning to work for employees with occupational illness			v			v			v			v
4	Health management of occupational abnormalities from general medical and special health exams	v	v	v	v	v	v	v	v	v	v	v	v
5	Maternal health protection program	v	v	v	v	v	v	v	v	v	v	v	v
6	Assessment and management of high-risk cases among faculty and staff	v	v	v	v	v	v	v	v	v	v	v	v
7	Occupational injury/illness prevention, case management, and record-keeping	v	v	v	v	v	v	v	v	v	v	v	v
8	Prevention programs for illnesses from excessive workload	v	v	v	v	v	v	v	v	v	v	v	v
9	Directions for preventing wrongful harm on duty	v	v	v	v	v	v	v	v	v	v	v	v
10	Ergonomic hazard prevention plan	v	v	v	v	v	v	v	v	v	v	v	v
11	Respiratory protection plan	v	v	v	v	v	v	v	v	v	v	v	v
12	First aid training							v	v				
13	Health education, guidance, and promotion	v	v	v	v	v	v	v	v	v	v	v	v
14	Providing employers with regular reports and advice on health services for faculty and staff			v			v			v			v

Figure 1.

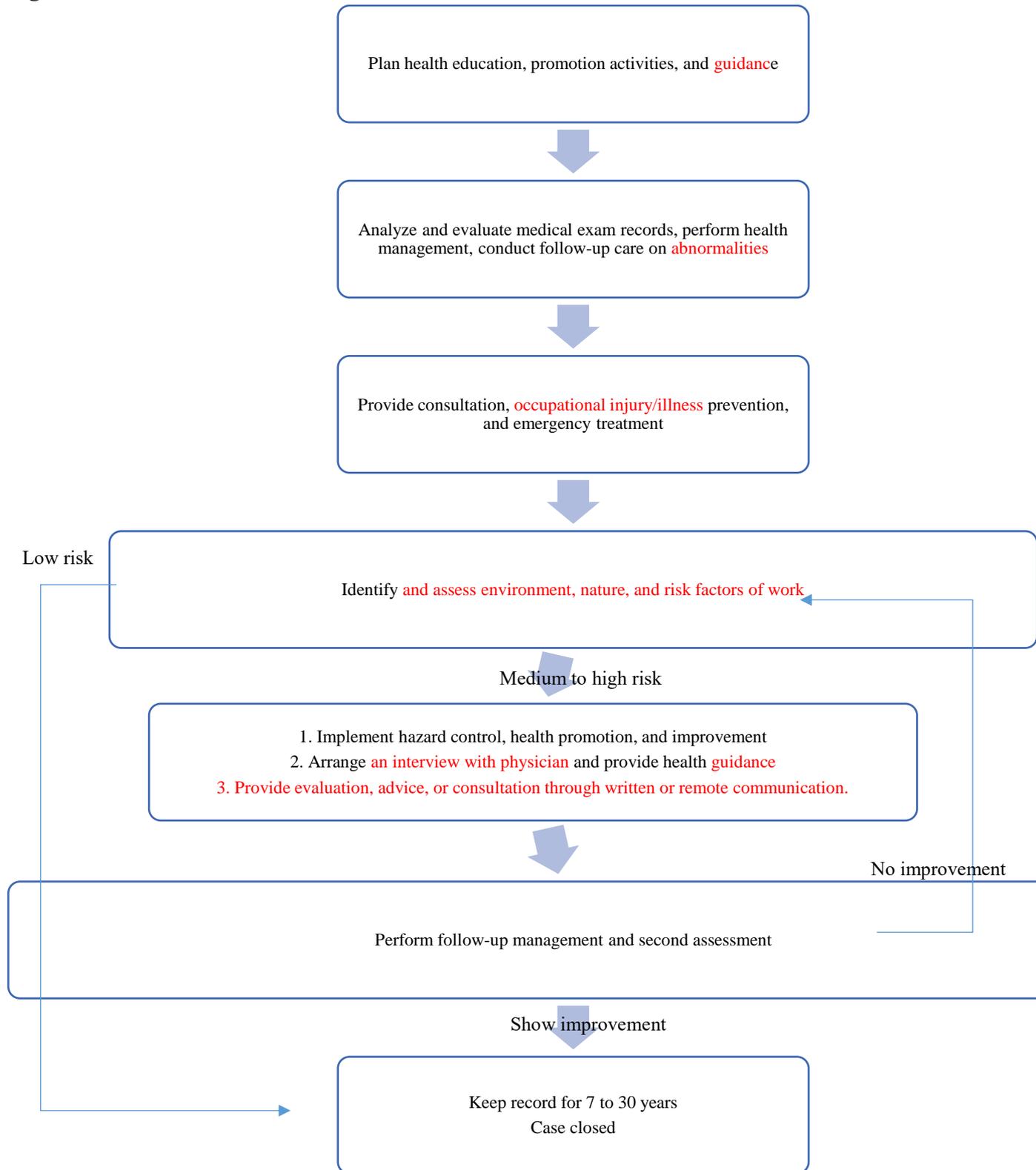


Figure 1. Faculty and staff health services work flow

Appendix 2

National Taiwan Normal University
Consent for Medical Exam and Follow-Up Care

I hereby agree to provide my general medical exam report produced by

_____ (hospital) on _____

(MM/DD/YYYY) (and agree / refuse to provide a report of

additional exams which are self-paid and optional) as a reference for the

NTNU Health Center of the Office of Student Affairs to conduct health

risk level management and follow-up care pursuant to the *Occupational*

Safety and Health Act. I understand that my private information will be

kept confidential in accordance with the regulations stipulated in the

Personal Data Protection Act.

Name: _____

Signature: _____

Date: _____

(MM/DD/YYYY)

Appendix 3

Classification and Management Criteria for Medical Exam Results

		Health Management Level						
		Low			High			
Item	Level	Reference Range	Level 1 (A)		Level 2 (B)		Level 3 (C)	Level 4 (D)
			Recommend follow-up exam and self-health management	B1	B2	Follow-up visit in 3 months		
BMI		18.5 ≤ BMI < 24 kg/m ²	> 27 kg/m ²					
Chest X-ray		Normal		1. Suspected lung nodule 2. Heart slightly enlarged	1. Cardiomegaly 2. Suspected pulmonary infiltration 2. Suspected or certain tumor	1. Suspected pulmonary tuberculosis (infiltration) or other statutory infection 2. Suspected or certain tumor 3. Potentially malignant pulmonary nodules	1. Suspected pulmonary tuberculosis (infiltration) or other statutory infection 3. Potentially malignant pulmonary nodules	
Vision		0.7-1.5	0.9	0.5	0.4	0.3 with a 0.5+ deviation between both eyes	No vision	
Blood pressure (average of 2 continuous measurements)		Systolic 80-120 mmHg; Diastolic 60-80 mmHg	2 continuous readings of 140/90 mmHg (blood pressure measured morning and night for a week)	Systolic 140-159 mmHg; Diastolic 90-109 mmHg		1. Systolic 160 mmHg or above; Diastolic 110 mmHg or above 2. No F.A.S.T. symptoms of stroke	1. Systolic 180 mmHg or above; Diastolic 110 mmHg or above 2. Any F.A.S.T. symptoms of stroke	
WBC		3,500- 11,000 mm ³	< normal min. range-3,000/mm ³ > normal max. range-12,000/mm ³		< 3,000 -2,000/mm ³ >12,000/mm ³ - 20,000 mm ³	< 2000-1,000/mm ³ and fever > 20,000 mm ³ and fever	< 1000/mm ³	
Neutrophil		1,500/mm ³	< normal min. range-1,500/mm ³		1,000 to <1,500/mm ³ with fever and (or) WBC <3,000 -2,000 /mm ³	500 to <1,000/mm ³ with fever	< 500/mm ³	
Hemoglobin		Men: 14-18 g/dL Women: 12-16 g/dL	< normal min. range-10 g/dL	8 to <10 g/dL	8 to <10 g/dL (no bleeding/symptomatic)	< 8 g/dL (bleeding/symptomatic)	Life-threatening bleeding and unstable vital signs that require immediate intervention	
Platelets*		150,000-378,000/mm ³	< normal min. range-75,000/mm ³	50,000 to <75,000/mm ³	50,000 to < 75,000/mm ³ (no immediate risk of bleeding/ symptomatic)	25,000 to <50,000/mm ³ (bleeding/symptomatic)	< 25,000/mm ³ (bleeding/symptomatic)	
Ocult blood		Negative (-)	Trace reaction/1+	2+ or RBC>5				
Proteinuria		Negative (-)	Trace reaction /1+	2+	3+			
ALT/GPT*		0 ~ 41 U/L	>ULN- 3 times	3 to 5 times the ULN (no hepatitis)	3 to 5 times the ULN (hepatitis carriers)	> 5 to 20 times the ULN	>20 times the ULN	
Creatinine*		0.6-1.3 mg/dL	> ULN-1.5 times	> 1.5 to 3 times the ULN (asymptomatic)	> 1.5 to 3 times the ULN (symptomatic)	> 3 to 6 times the ULN	> 6 times the ULN	
Uric acid		Men: 4.4-7.6 mg/dL Women: 2.3-6.6 mg/dL	> ULN-10 mg/dL (asymptomatic)			> ULN-10 mg/dL (symptomatic)	> 10 mg/dL (symptomatic)	
Total cholesterol		130-200 mg/dL	>200 mg/dL	201-240 mg/dL	>240 mg/dL (smoker with 3 high indicators undergoing treatment)			
High-Density Lipoprotein (good cholesterol)		> 40 mg/dL	< 40 mg/dL	< 40 mg/dL (smoker with 3 high indicators undergoing treatment)				
Low-Density Lipoprotein (bad cholesterol)		< 130 mg/dL	> 130 mg/dl	130-160 mg/dl	> 160 mg/dl (smoker with 3 high indicators undergoing treatment)			
Triglycerides		< 150 mg/dL	> 150-300 mg/dl (without 3 high indicators and treatment)	> 300- 500 mg/dL (must be below 200 mg/dL for regular medication)		>500 - 1000 mg/dL	> 1000 mg/dL	
Fasting blood glucose		70-100 mg/dL	> ULN- 125 mg/dL / glycated hemoglobin: > 5.7-6.4%	126-200 mg/dL / glycated hemoglobin: >7 %	200-300 mg/dL / glycated hemoglobin: >7 %	> 300 mg/dL (medicated/symptomatic)	Blood sugar level unmeasurable with change in level of consciousness	
HBsAg*		Negative (-)		Positive (+)	Positive (+) and ALT is 3-5 times the ULN or higher (symptomatic with jaundice or chemotherapy; or carrier without quantification and treatment)			
anti-HCV*		Negative (-)		Positive (+)				

Notes:

- The criteria apply to results of general medical and special health exams.
- Follow-up visits for further exams and tests are recommended if WBC classification shows abnormalities or values that should not appear in specific categories.
- Follow-up visits are recommended for hepatitis (B and C) carriers whose ALT/GPT is >ULN-3 times (for requests to remain anonymous, only recommendation will be provided without being logged in the employee's follow-up record).
- The U.S. National Cancer Institute's Common Terminology Criteria for Adverse Events (CTCAE) v5.0 for grading of laboratory results and clinical symptoms, Taiwanese Association of Diabetes Educators (TADE) Care Guidelines, the Endocrine Society and Diabetes Association of the Republic of China Guidelines for Diabetes Care, the latest treatment and care guidelines released by the Antihypertension Association of the Republic of China, and Health Promotion Administration, Food and Drug Administration of the Ministry of Health and Welfare.
- Grading criteria for special health exams and management measures are based on announcements by the Ministry of Labor, Health Promotion Administration, and Taiwan Environmental and Occupational Medicine Association.