

EMPLOYEE TB SCREENING AND SURVEILLANCE

I. PURPOSE:

To provide guidelines for the testing of new CCRMC and CCHC employees and the routine annual testing of all CCRMC and CCHC employees.

To outline the process for the investigation of employee exposures to undiagnosed cases of TB among patients.

II. REFERENCES:

Barclays Official California Code of Regulations, "Title 22 Division 5 Licensing and Certification of Health Facilities, Home Health Agencies, clinics and Referral Agencies", Section 70723 Page 804.1 to 805

Centers for Disease Control, American Thoracic Society, Infectious Diseases Society of America, "Controlling Tuberculosis in the United States", MMWR, November 4, 2005, Vol. 54 No. RR-12

Department of Health and Human Services, Centers for Disease Control and Prevention, "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Settings", MMWR, December 30, 2005, Vol. 54 No. RR-17

CAL OSHA, Subchapter 7. General Industry Safety Orders, Group 16. Control of Hazardous Substances, Article 109. Hazardous Substances and Processes, §5199. Aerosol Transmissible Diseases.

III. POLICY:

All new CCRMC and CCHC employees will be screened to evaluate TB status. Screening will take place during the pre-employment physical exam or during orientation. Employees, who cannot provide proof of a skin test administered within the prior 12 months, will undergo 2 step TB testing. If the first skin test is negative, receive a second (2nd) skin test will be applied 1 week after the first test.

All employees will be evaluated annually for exposure to Tuberculosis.

Employees in settings where there is an increased risk of exposure to undiagnosed case of TB may be subject to more frequent testing. Testing intervals will also be increased when there is evidence of employee skin test conversion. Screening is mandatory and department managers will assist with enforcement. **Failure to comply with mandatory screening will result in suspension until evidence of compliance is produced. Further disciplinary measures due to care delivery disruption may be implemented.**

Employees who are on a leave of absence for any reason when their annual screening is due, must provide proof of TB screening prior to their return or **complete** their screening within 5 days of their return. The employee's direct supervisor will be responsible for enforcing this requirement.

Employees who are new Tuberculin Skin Test (TST) converters will be referred for further evaluation and prophylactic treatment. New converters will be reported to the Public Health Department's TB Registry.

Employees who are known to be TST positive will complete an annual symptom review. Chest x-rays will be ordered as indicated by symptom review or per employee request.

Efforts will be made to identify employees exposed to undiagnosed cases of Tuberculosis, prior to the institution of appropriate precautions, identified employees will be notified and follow-up evaluation/testing will be arranged as needed.

IV. AUTHORITY/RESPONSIBILITY:

Manager Infection Prevention and Control Program
Hospital and Health Centers Senior Administration
All Department and Program Managers
Employees in all job classifications (full time, part time, contract)

V. PROCEDURE:

A. ALL NEW EMPLOYEES

1. All potential employees will be screened for Tuberculosis. Screening will consist of the placement of one or two Tuberculin Skin Tests (TST) or if the potential employee is known to be TST positive-a symptom screen and chest x-ray.
2. If the potential employee cannot provide documentation of a TST placed within the prior twelve months, two-step TST testing will be utilized (i.e. if first TST result is negative, a second TST will be placed one week after the first TST).
3. Vista Oaks may provisionally clear a potential employee at the time the second TST is placed. Provisional Status will be indicated on the Baseline Medical Exam Summary. The potential employee should be provided with instructions for resources to have the 2nd TB test read. Results of the second TST should be faxed to the CCRMC Infection Control Coordinator: Kathy Ferris RN, (925) 370-5781.
4. Those persons in whom the first or second TST is positive will be considered reactors and a chest x-ray will be ordered. Chest x-rays should be done at Contra Costa Regional Medical Center. A potential employee may be cleared for employment after the radiologist has viewed the chest x-ray and a determination made regarding the possibility of active infectious pulmonary disease.
5. Persons who provide documentation of a negative TST in the prior six to twelve months will only need to have one TST applied and read. If the TST is negative, they may be considered cleared with regard to Tuberculosis. If it is positive, see #6 above.
6. Persons who always have a positive TST, will have a chest x-ray ordered to be done at Contra Costa Regional Medical Center.
 - A potential employee may be cleared for employment after the radiologist has viewed the chest x-ray and a determination made regarding the possibility of active infectious pulmonary disease.
 - If the potential employee can provide a chest x-ray result taken within the prior year that is negative for active Tuberculosis, this may be accepted in lieu of another x-ray. The Infection Prevention and Control Program may be contacted regarding individual cases.
 - The Manager of the Infection Prevention and Control Program

may, at her discretion, accept an older x-ray provided the employee is asymptomatic.

7. Results of initial TB screening will be kept in the individual Employee Health Record. Results are also entered into the computerized Employee Health Data Base.

B. ALL EMPLOYEES (ANNUAL TESTING)

1. All employees will be screened annually for Tuberculosis.
 - Employees who are TST negative will have a TST applied.
 - Employee whose TST is positive by history will complete a screening questionnaire. Annual Chest X-rays are not required and will be ordered based on the results of the screening questionnaire.
2. At the Martinez Campus drop in Screening Sessions are held at specific times and locations throughout the months of October to mid December. Sessions are covered to span all three shifts. Employees may receive Influenza immunization at the same time as their TB Screening.
3. At outlying clinics and in Detention, screening may occur at different times throughout the year.
4. Physicians and Nurses may not read their own test results. All readings are based on the written criteria found on the screening memo (see attached). All readings will be recorded in mm on the screening memo and the memo must be returned to the infection control coordinator.
5. Employees who work at other facilities may submit copies of TST results from the other facility. The result must be within 12 months of a prior test.
6. Employees who are on a leave of absence for any reason when their annual screening is due, must provide proof of TB screening prior to their return.
 - If the employee is on medical leave, the TB screening should be done as part of their medical clearance for return to work.
 - If on leave for other reasons, the employee should complete TB screening prior to their return. May contact the Infection Prevention and Control Program to arrange an appointment for TB screening.
 - If necessary for the employee to return prior to completion of TB Screening, he/she must complete screening within 5 days of

return.

- The employees' direct supervisor will be responsible for enforcing this requirement
7. If an employee with a previous negative TST becomes positive, a chest x-ray is ordered and the employee has the option to be seen by his/her private MD or be referred to Vista Oaks Occupational Health Clinic for evaluation of the need for INH prophylaxis. A physician's first Report of Injury is needed.
 8. If the chest x-ray of a new TST converter is positive, further work-up will be needed. The physician seeing the employee in Chest Clinic will determine the extent of the work-up. Employees may also be seen by their own physicians or in at Vista Oaks Occupation Health Clinic. The employee will not be allowed to return to work until the work-up is complete, therapy is begun and AFB smears are negative.
 9. Attempts will be made to identify a possible source for an employee TST conversion. If a source can be identified, choice of prophylactic drugs will be guided by the identified source patient's susceptibility tests.
 10. Results of annual TB screening will be placed in the individual employee's Health Record. Results are also entered into the computerized Employee Health Data Base.

C. WORK RELATED EXPOSURES

1. An exposure is defined as face-to-face contact with no isolation precautions in use to a patient found to have active Pulmonary or Laryngeal Tuberculosis.
2. The Infection Control Coordinator will audit the chart of the source patient to determine if an exposure has occurred. If an exposure has occurred the ICC will generate a list of employees and departments potentially exposed to the patient.
3. A list of the potentially exposed employees will be sent to the appropriate supervisor
4. A memo will be sent to these employees containing a list of guidelines for evaluating their risk based on exposure. The employee will be asked to evaluate his risk and return the memo to the Infection Control Coordinator (see attached).

5. Arrangements will be made to test employees with prior negative TST and significant exposure at the time of the exposure and repeated approximately 12 weeks after the exposure.
6. Employees with a prior positive TST will be given a symptom review questionnaire and instructed to call the Infection Prevention and Control Coordinator immediately if he/she develops symptoms suggestive of active pulmonary Tuberculosis. An x-ray is not required unless it has been several years since the employee has had an x-ray or the employee requests an x-ray at this time.
7. Employees who convert following an exposure will have a chest x-ray ordered and be referred to either chest clinic, Vista Oaks Occupational Health Clinic, or their own private MD for further valuation and prophylaxis. An Ak-30 form and a physician's first report will be filled out.
8. When the source patient is known, prophylaxis will be guided by the source patient's drug sensitivity test results.
9. If the employee opts to receive care at their private MD office, the employee should be made aware that the bill for this care should be submitted to risk management.

D. MANAGEMENT OF EMPLOYEES WITH SUSPECTED/CONFIRMED ACTIVE PULMONARY TUBERCULOSIS

1. An employee with symptoms suggestive of Pulmonary Tuberculosis will be removed from work and referred for work-up in chest clinic as soon as possible. Work-up will include a TST skin test, chest x-ray and appointment for evaluation in chest clinic. The employee will not be allowed to return to work until the work-up (including sputum specimen collection) is completed and disease has been ruled out or appropriate therapy begun.
2. It is expected that employees will comply with this work-up; this includes keeping scheduled appointments, appearing for tests and providing sputum specimens as ordered.
3. An employee with confirmed active Pulmonary or Laryngeal Tuberculosis will not be allowed to return to work until he/she is no longer infectious. This means that the employee is receiving adequate drug therapy, coughing has resolved and there have been 3 negative AFB sputum smears. It is expected that employees will comply with therapy for active

tuberculosis.

4. Throughout the course of treatment, the Infection Prevention and Control Program will maintain contact with the provider managing the employee's treatment. Failure to comply with treatment for active Pulmonary or Laryngeal Tuberculosis may result in the employee being excluded from work.
5. Attempts will be made to identify patients and staff exposed to the employee during their period of infectivity.

E. MANAGEMENT OF NON COMPLIANT EMPLOYEES

1. All employees (fulltime, part-time, contract) are expected to comply with annual Tuberculosis Screening.
2. Managers will be informed of non-compliant employees in their department.
3. A non-compliant employee will face suspension until he/she can demonstrate proof of compliance with annual screening requirement.

Further disciplinary action related to the disruption of care delivery may be administered.

VI. FORMS USED:

Annual TB Screening Form
AK-30, CMR form
X-Ray Requisition
Exposure Notification Memo
Employee Health Record