

Tuberculosis Control Plan Policy

Tuberculosis Control Plan For Polk County Employees

Justification/Purpose: To meet the requirements of the Department of Occupational Safety and Health for health care settings, correctional institutions and shelters to have a Tuberculosis (TB) Control Plan.

Applicability: All staff determined to be at higher risk for exposure to TB at the Polk County Health Department (PCHD); Polk County Jail, Polk County Community & Family Services' Juvenile Detention and Shelter Services; Polk County Medical Examiner; and any other Polk County employees who have been deemed by Polk County Risk Management, after consultation with the Human Resources Department.

Implementation:

Baseline Analysis for New Hires and Internal Transferring Employees

Upon the hiring of a new employee or an internal transfer of an employee from a low risk work setting to one of the above identified departments, said department will schedule an appointment for the employee with the Polk County Health Department within 24 hours of the employee start date for a medical history, assessment and screening relating to TB. The official medical record will be maintained at the PCHD.

New hires or transferring employees will receive a two-step TB skin test which involves the application and reading of two consecutive PPD tests, the second of which will be administered one to three weeks after the first.

If a new hire or transferring employee has been screened in the past twelve (12) months, said employee will be required to provide a copy of medical documentation for review and recording in the PCHD medical records.

New hires or transferring employees who have a positive TB skin test will be referred to the PCHD for a chest x-ray and thorough medical evaluation within 72 hours of the skin test reading. If active TB disease is excluded as a diagnosis by the PCHD clinician, said employee will be considered for Latent TB Infection therapy.

New hires or transferring employees with a history of a positive PPD skin test result are required to present proof that he/she is currently free of active disease. Such proof may include:

a) Physician documentation of a negative chest x-ray at the time the PPD was first read positive, accompanied by physician certification that the person is currently free of signs and symptoms of active TB. **OR**

b) In the absence of a negative chest X-ray at the time the PPD was first read as positive, a chest x-ray at any time prior to hire or transfer provided it is after the PPD was first noted to be positive accompanied by medical certification that the person is currently free of signs and symptoms of active TB.

c) Medical certification of completion of a course of prophylactic therapy for latent TB infection, or completion of therapy for active disease in the past and that the person currently remains symptom free.

New hires or transferring employees who cannot obtain the required documentation, will receive a medical evaluation, chest x-rays and possible prophylactic therapy through the PCHD.

On-going TB Screening

All departments specifically listed above and other employees as determined by Risk Management to be in a high risk position, who have a history of negative TB screening result, will receive annual TB skin test conducted by the PCHD. Only PCHD nurses are authorized to read the results. Results read by a non-PCHD nurse will be considered *invalid* and a repeat skin test will be required.

Employees who have a history of a positive TB skin test result, regardless of whether or not they completed treatment for latent TB infection, are exempt from tuberculosis skin test and rather will be evaluated on an annual basis by the PCHD for symptoms of TB disease. Annual chest x-rays are unnecessary for the follow-up evaluation of a latently infected person. Employees who are found to have symptoms suggestive of TB will not return to the workplace until the PCHD has excluded a diagnosis of active TB disease.

Employees who have a positive TB skin test during the annual screening will be referred to the PCHD clinic within 72 hours of the skin test interpretation for a medical evaluation, chest x-ray and possible prophylaxis. Employees who are found to have symptoms suggestive of TB will not return to the workplace until the PCHD has excluded a diagnosis of active TB disease. Employees who are asymptomatic will not return to the workplace until the PCHD has, on a case by case, basis excluded a diagnosis of active TB disease.

Employees who have a positive TB skin test and have been determined by the PCHD to have a diagnosis of suspect TB will receive further medical evaluation, x-rays, laboratories and prophylaxis as necessary. Employees with active TB will receive further medical evaluation, x-rays, laboratories, prophylaxis, and any appropriate specialist referrals as determined by the PCHD primary provider. Employees with a preliminary diagnosis of suspect or active TB will immediately leave the workplace and will not return to the workplace until a definitive diagnosis is made and a physician clearance for return to work.

TB skin test results, medical evaluation, x-rays, laboratories, and treatment will be maintained in the PCHD Electronic Medical Record.

Change in High Risk Environment

In conjunction with Risk Management, the PCHD, Polk County Sheriff and Community & Family Youth Services and Polk County Medical Examiner will periodically assess their department's risk status through evaluation of the characteristics of the populations served and conversion rates of employees. More frequent screenings could also be recommended based on substantially higher conversion rates or when evidence of ongoing transmission is detected.

Sources:

MMWR, July 7, 2006, Prevention and Control of Tuberculosis in Correction and Detention Facilities
Recommendations from CDC and MMWR, December 30, 2005, Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Settings

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