

Tuberculosis Prevention and Control Policy and Procedures

I. General Policy

Home and Community Options will require the 1st Step of screening for tuberculosis (TB) for all employees as part of a comprehensive TB exposure prevention and control program. The purpose of the TB screening program is to:

1. Identify employees with TB disease to prevent TB transmission to other staff and individuals.
2. Identify TB infection in employees to prevent progression to TB disease.
3. Evaluate the effectiveness of TB exposure control measures in order to identify the need for corrective action.
4. To comply with federal, state and local regulations and guidelines.

Screening will be encouraged for all Home and Community Options full-time, part-time and temporary employees and for any person directly or indirectly involved in individuals' services and supports who may potentially be at risk for occupational exposure to TB.

The following individuals will have the authority and/or responsibility for all parts of the policy and procedures:

- Home and Community Options Management team
- Agency RN
 - Have the responsibility of medical direction of and active support for the HCO TB screening procedures in conjunction with HCO Human Resources
 - Have the responsibility for ensuring TB risk assessment completed annually for agency
 - Have the responsibility for monitoring the 174 Edward Street program staff TB education
- Home and Community Options Safety and Infection Control Committee
 - Have the responsibility of active support for the HCO TB screening procedures
- Home and Community Options Policy Review Committee
 - Have responsibility to ensure full compliance with the policy and procedures
 - Have the authority and responsibility to periodically review and revise the policy and procedures

II. Procedures

1. Risk assessment and screening frequency

The classification of occupational risk, as outlined by the Center for Disease Control (CDC), will be used to evaluate risk of exposure to TB.

- Occupational Risk Assessment for Home and Community Options is: **LOW RISK** based on findings from the Disease Investigation Case Findings from the Minnesota Department of Health 2017 statistics which report Winona County to have had one active cases of TB reported.
 2. TB screening/testing will be required of every Home and Community Options employee upon hire in order to identify any employee who shows signs of a possible TB infection or disease BEFORE they begin actual training or work hours.
 3. Employees will be given their TB Screening Results and screening assessment form after the first Tuberculosis Skin Test (TST) reading and are to bring the form to Home and Community Options to be kept on record. This information will contain the following information: 1) Name of facility; 2) Date TST read (month/day/year); 3) Results in millimeters of induration; 4) Interpretation of TST result; 5) Follow-up recommended, if needed, and the TB screening assessment.
 4. If the first TST is negative, the employee will be conditionally cleared to work.
 5. Employees will be encouraged to complete a second Mantoux/TB.
 6. **For Employees of 174 Edward Street Program:** TB screening will include the 2-step Mantoux/TB skin test (TST) given to those employees by the Winona Health Occupational Health Department. Any and all other follow up regarding the Mantoux/TB test will be completed as directed by Occupational Health Department. A two-step tuberculin skin test (TST) will be utilized to establish baseline TSTs on new program staff who:
 - A. Have never had a TST, or
 - B. Have no written documentation of prior testing, or
 - C. Have not had a TST within the last 90 daysThe procedure will be performed on the following schedule:
 1. Requires 4 visits to complete the TB screening. The advantage of this is that most employees may be cleared to begin work in approximately 2-3 days.
 2. Employees will be given a TB Screening Results and screening assessment form after the first TST reading and are to bring the form to Home and Community Options to be kept on record. This information will contain the following information: 1) Name of facility; 2) Date TST read (month/day/year); 3) Results in millimeters of induration; 4) Interpretation of TST result; 5) Follow-up recommended, if needed, and the TB screening assessment.

3. If the first TST is negative, the employee will be conditionally cleared to work pending the results of the second TST.
4. The 174 program employee will be mandated to return approximately two weeks later for a second TST screening and then again for the second TB reading.
5. All program employees will be notified by Occupational Health Department of all TST results, any medical conditions that may cause the TST to be negative even when TB infection is present and the increased risk of TB disease associated with these conditions if TB infection is present.
6. If follow-up (i.e., chest x-ray, medical evaluation) is required after the baseline TST, the employee's clearance to work will be delayed until the TB screening follow-up has been completed. The follow-up will be completed through Winona Health Occupational Health Department and/or Winona County Community Health Department.
7. Any further follow-up or periodic screening will occur under the direction of the Winona County Community Health Department direction.
8. Pregnancy – since pregnancy is not a contraindication to TB skin testing, pregnant women will participate in the TB screening process. Pregnant women with questions about TB screening during pregnancy may be referred to their primary care provider.

III. Tuberculosis Prevention and Control Education and Training Specific to 174 Edward Street Program

- A. All 174 Edward Street staff will receive mandatory TB training specific to their program, job title and risk level for TB exposure.
- B. Training will be done:
 1. Prior to starting work on-site
 2. At least annually thereafter
 3. As needed and as directed by Agency RN and/or MN Department of Health
- C. The training program will include but is not limited to the following:
 1. Basic concepts of TB transmission, disease development and diagnosis
 2. Difference between TB infection and TB disease
 3. Signs and symptoms of TB disease and who to contact if symptomatic
 4. Medical conditions that increase the risk of progression from TB infection to TB disease

5. Possibility of re-infection with TB
 6. Potential for occupational exposure to individuals with TB disease
 7. Infection control practices that reduce the risk for transmission of TB
 8. Purpose of the TST and the significance of a positive TST results
 9. Treatment of TB infection and potential side effects of medications
 10. Need for prompt medical evaluation if a TST conversion occurs or the employee develops symptoms suggestive of TB disease
 11. Effectiveness of drug therapy for TB disease
 12. The necessity of the employee to notify their supervisor, Division Director and the Agency RN if diagnosed with TB disease.
 13. Risk of TB in immunocompromised persons
 14. Facility policy for voluntary reassignment of immunocompromised staff
 15. Importance of participating in the TB screening program and the consequences of non-participation
 16. Use and limitations of methods to prevent TB exposure
- D. At time of hire; staff will be counseled regarding the risk of TB exposure including the potential for false-negative TST.
- E. These employees will be encouraged to work in areas that minimize risk of TB exposure and to request reasonable accommodation, in accordance with the Americans with Disabilities Act of 1990 (ADA), to work in positions with less risk.
1. Staff who self-identify as being immunocompromised will be encouraged to work in a job setting that minimizes the risk of exposure to TB.
 2. Immunocompromised staff who request job reassignment from an area with significant TB exposure potential to an area or position with minimal exposure will be given reasonable accommodation for transfer to an alternate job in accordance with the ADA.
- F. Workers' Compensation
1. The agency will delineate who is covered under Workers' Compensation (e.g., employees, volunteers, individuals) and which medical and lost-time benefits are provided, if appropriate.
 2. Medical records of staff being treated under Workers' Compensation will be maintained as confidentially as law permits.

(Note: Workers' Compensation laws vary from state to state regarding first-time and medical treatment coverage for occupationally-acquired exposure and subsequent illnesses, such as TB infection and TB disease.)

G. Contract Personnel

1. The 174 Edward Street Coordinator and/or the Division Director will ensure that all contract workers are informed of the risk of exposure to TB at the site if applicable.
2. If applicable - contract workers are not directly employed by this facility and they will comply with this policy as follows:
 - a. The Program Coordinator will provide all contractors with a copy of this policy which is to be followed by all workers assigned to this program. It is the responsibility of the contractor to ensure that its employees understand and comply with this policy. Contract employees will receive TSTs according to the risk area in which they will be working.
 - b. Contractors will provide a list of all regularly scheduled employees and will provide documentation of TST results for each employee or will provide access to these results as required by law.
 - c. Program Coordinator and/or Division Director will notify contractors of any potential TB exposures to their employees. The contractors will ensure post-exposure follow-up for the exposed employee(s). Any employee with TB disease will return to work only after complying with medical treatment and recommendations and/or Winona County Community Health Services instructions and recommendations.
 - d. Contractors will notify the 174 Edward Street Coordinator, Division Director, Agency RN and the Winona County Community Health Services of any employee in their hire who is diagnosed with TB disease and who has worked at the above stated program.
 - e. If appropriate, post-exposure follow-up of program staff and individuals will be conducted.

H. Volunteers

Decisions should be made regarding who receives TSTs and if indicated, chest-x-rays; who will conduct follow up testing and screening; and who will pay for the testing/follow-up (the agency or volunteers).

- A. Volunteers will be included in the TB screening program and will be screened with a TST and TB screening assessment at the time their volunteer work begins.
 - B. Minors who volunteer must obtain parental permission for TB screening.
- I. Compliance with the TB Screening Program
- A. Compliance with TB screening as described above and procedures is mandatory for all employees and volunteers.
 - B. Contractors who do not provide documentation of TB screening or access to this information will not be entitled to schedule any employee to work at the 174 Edward Street program until the screening documentation is met due to licensing requirements.
- J. Confidentiality of Medical Records
- A. Medical information obtained from employees during TB screening is confidential and will be placed in locked files separate from the employee's personnel records. If computerized, access to information in the databases will be protected and limited to designated staff.
 - B. Names of persons, including individuals, diagnosed with TB disease, who may be the source of TB exposure to staff, volunteers, etc., will be kept confidential.
 - C. Access to staff medical records will be limited to designated staff. However, medical records may be subject to disclosure if subpoenaed.
- K. Record Keeping and Reporting
- A. Employee access to TST results – employees will receive the results of their TST test and screening assessment directly from Winona Health Occupational Health Department as required by law.
 - B. Retention of medical records – all medical information obtained through the TB screening program will be maintained for the duration of employment plus 30 years, including but not limited to:
 - 1. TST
 - 2. TB screening assessment
 - 3. Medical examination and follow-up
 - 4. Medical testing and procedures
 - 5. Treatment

- C. OSHA Log 300/300A (Human Resources)
 - 1. TST conversions and active TB cases among employees will be recorded on the OSHA Log 300 annually as required by law. If an employee has a TST conversion and subsequently progresses to TB disease within five years of conversion, the OSHA Log 300 will be changed to reflect this progression.
 - 2. A positive TST result discovered within the first two weeks of employment will not be recorded on the OSHA 300 Log.
 - 3. The current OSHA Log 300 and those of the prior five years will be kept in the agency's Human Resources office.
- D. Local Health Department Reporting
 - 1. All known and suspected TB cases will be reported to the local health department.
 - 2. All TST reactions and conversion will be reported to the local health department, if required.
 - 3. Documentation will be kept for at least one year of reports to the local health department of all known or suspected TB cases.
- E. Individual Employee Medical Records
 - 1. Information about the following will be documented in the staff's medical record file, as appropriate:
 - a. Results of TST and chest x-ray
 - b. TB screening assessment (for both negative and positive TST)
 - c. Documentation of:
 - 1. TST conversion
 - 2. Referral for medical evaluation, including evaluation for treatment of TB infection
 - 3. Referral for medical evaluation for TB disease
 - 4. Results of bacteriology for employees with TB disease
 - 5. Completion of treatment for TB infection or TB disease
 - 6. Compliance with criteria for return to work and date for return to work
- F. Data from TB screening program
 - 1. The agency will maintain an electronic database of the TB screening program

2. Analysis of TB screening data will be conducted at least annually
3. Reports containing summary statistics for the TB screening program:
 - a. Generated and periodically submitted every year to Program Coordinators, Division Directors and the agency Health Services Director and to the agency's Safety and Infection Control Committee.
4. Use of TB screening data
 - a. TB screening data in conjunction with evaluation of administrative, engineering and respiratory protection control measures will be used to assess the effectiveness of the agency's TB control program.

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