REVIEW/REVISION HISTORY:

Effective: 12/31/96
Revised: 6/3/05
Revised: 10/31/06
Revised: 2/19/08
Revised: 10/9/09
Revised: 2/13/12
Revised: 8/24/12
Revised: 4/1/14

SUMMARY OF REVISION/REVIEW:

Policy title change
Reassigned Director of Nursing Services responsibilities throughout III.A., IV.B., V.A.6., and VIII.C. - Removed unnecessary language
III.A.2.a. - Adjusted required documentation for waiver requests
IV.A.1. & D., V.A.5., and VI.C.1 - Adjusted language for clarification
IV.C. and VI.B.1. - Changed Infection Control references to Infection Prevention
V.A. - Added timeframe for providing documentation of medical exam
Removed attachment

APPROVED:

Signature on file 2/26/14

BERNARD WARNER, Secretary
Department of Corrections
TUBERCULOSIS (TB) PROGRAM FOR EMPLOYEES, CONTRACT STAFF, AND VolunTEERS

Policy:

I. The Department seeks to provide a safe and healthful working environment for employees, contract staff, and volunteers. The Department will provide guidelines to assist in preventing, controlling, and treating tuberculosis (TB) consistent with the Washington Industrial Safety and Health Act (WISHA), and the recommendations of the Centers for Disease Control and Prevention (CDC) and the Washington State Department of Health (DOH).

II. Because the possibility of airborne transmission of infection by the bacteria that causes TB is high in a facility setting, preventing and controlling TB will be regarded as a priority health issue. Controlling TB in a correctional setting is based on identification, assessment, surveillance, and prevention of transmission.

Directive:

I. Responsibilities
   
   A. The Occupational Nurse Consultant Supervisor is the designated TB Program Manager and will be responsible for the Department TB program for employees, contract staff, and volunteers.
   
   B. In positions where screening is required, supervisors are responsible for ensuring compliance with this policy.

II. Training
   
   A. Department employees and contract staff will receive Infectious Disease Control training during New Employee Orientation (NEO) or Correctional Worker Core, which includes identification, signs and symptoms, prevention of transmission, and an understanding of the purpose of screening.
   
   B. Volunteers will receive informational training on Infectious Disease Control during the volunteer orientation process.
   
   C. Annual refresher training will be provided to all employees and will be available to contract staff and volunteers.
III. Baseline Screening/Testing

A. All new employees whose normal job duties require significant direct offender contact will obtain baseline symptom screening and TB testing at no cost to them within 60 days of hire. All new contract staff whose normal job duties require significant direct offender contact will obtain baseline symptom screening and TB testing at their own expense before beginning work.

1. TB testing may consist of the Tuberculin Skin Test or appropriate blood test. Only negative results from TB testing conducted within one year before starting employment/service will be accepted as current.

2. A waiver from TB testing may be granted by the Health Services Manager/Health Authority/designee for facility Health Services employees/contract staff and the Appointing Authority/designee for all other personnel. DOC 03-216 Tuberculin Screening will be used to document the waiver.

   a. The requester must provide a chest x-ray taken within 6 months before starting employment/service or medical practitioner’s documentation that active TB is not present, along with either:

      1) Documentation of a medical contraindication to both TB skin testing and laboratory testing for TB, or

      2) A clinical assessment indicating a valid history of TB infection/disease as determined by a medical practitioner.

   b. If TB testing is waived, the new employee/contract staff will obtain baseline symptom screening and, if positive, must provide documentation from his/her medical practitioner that active TB is not present.

B. All other employees are strongly encouraged to submit to baseline symptom screening and TB testing.

C. Baseline screening/testing for volunteers is addressed in DOC 530.100 Volunteer Program.

IV. Annual Screening and Testing

A. [4-4386] The following personnel will submit to screening/testing at least annually:

   1. Health services employees, contract staff, and providers involved in direct offender health services,
2. Custody employees permanently assigned to Medical, and
3. Employees who are designated as Transport Officers.

B. The frequency of TB screening/testing will be determined by DOH recommendations and CDC standards.

C. Infection Prevention or its designees will be responsible for administering annual testing/screening.

V. TB Infection and Disease

A. Employment/service is not contingent upon test results. However, new employees, contract staff, and volunteers with a positive result will be required to provide documentation of a medical exam within 60 days of hire.

1. Employees, contract staff, and volunteers with a positive Tuberculin Skin Test will be referred to their health care provider for a medical exam, including chest x-ray, at their own expense.

2. Documentation of the medical exam will include confirmation that the individual:
   a. Was evaluated as a result of a positive Tuberculin Skin Test, and
   b. Is or is not infectious with TB disease, including a description of the work-up or rationale supporting this conclusion (e.g., being asymptomatic with a negative history and chest radiograph).

3. If an employee, contract staff, or volunteer has a confirmed case of Active TB disease, s/he will be required to obtain treatment through his/her health care provider. Treatment monitoring will be provided by the Health Department in the county where the individual resides.

4. The individual will be required to complete the prescribed treatment regimen and submit a physician’s statement indicating s/he is not infectious before being allowed to return to the worksite. Treatment will not be conducted by the Department.

5. The physician’s statement will be provided to the Occupational Nurse Consultant (ONC), who will forward it to the appropriate Human Resources office. The statement will include confirmation that the individual:
   a. Was treated for active TB disease, and
b. Is no longer infectious, including a description of the course of treatment, diagnostic work-up, and rationale that supports this conclusion.

6. Employees, contract staff, or volunteers who fail to complete diagnostic procedures or comply with the prescribed treatment regimen, or provide information as requested, will not be allowed access to the worksite until a health care provider clears them to return to work.

VI. Exposure Incident

A. In the case of an exposure incident, a contact investigation will be conducted and employees, contract staff, or volunteers who had significant exposure to the source case will be identified. These individuals will be notified and provided follow-up skin testing according to the DOH and CDC recommendations for contact investigation.

B. The required actions will be determined by the location of the exposure.

1. For exposures in a Prison or Rap House/Lincoln Park Work Release:
   a. Employees, contract staff, and volunteers will immediately contact their supervisor, who will contact the facility Infection Prevention Nurse (IPN). The IPN will advise the ONC.
   b. If exposure is confirmed, the IPN or ONC will notify employees/contract staff/volunteers who need diagnostic testing as soon as practical. The IPN or ONC will provide follow-up testing.

2. For exposures in other Work Releases or in the community:
   a. If the exposure takes place in a Work Release other than Rap House/Lincoln Park, employees, contract staff, and volunteers will immediately notify their supervisor, who will contact the ONC.
   b. If a Community Corrections employee suspects the presence of TB disease before or during a community visit, s/he will either not make the contact or discontinue the contact immediately and notify his/her supervisor, who will contact the ONC.
   c. If exposure is confirmed, the ONC will notify the employee/contract staff/volunteer as soon as practical and advise on where to obtain follow-up testing.
1) Depending upon the circumstances and location, testing may be provided by a Department nurse, the local health department, or through workers’ compensation.

C. After receiving a report of a possible exposure, the ONC will contact the state or local health department to confirm exposure to active TB disease.

1. If exposure is confirmed, the Washington State TB Services at DOH will assist with the contact investigation.

   a. Washington State TB Services will provide consultation to determine the nature and extent of the exposure, and assist the Department in developing the course of action, treatment, and follow-up necessary to respond to the infection and any possible exposures.

D. Testing following exposure will be conducted per DOH and CDC recommendations.

VII. Respirator Use

A. The TB Respirator Program will comply with DOC 890.090 Respirator Program.

B. CDC guidelines for respirator use will be followed when entering respiratory isolation where an offender with Active TB disease is under treatment.

C. Employees, contract staff, and volunteers will wear appropriate respirators when emergency medical response personnel or others must move, transport, or provide medical treatment to individuals with suspected or confirmed TB disease.

D. To prevent contamination, respirators will be used, handled, and disposed of per CDC standard medical practice.

VIII. Documentation and Recordkeeping

A. Records of the screening results, medical evaluations, and treatment recommendations will be maintained per DOC 890.200 Employee Occupational Health Records.

B. A new positive Tuberculin Skin Test will be recorded on DOC 03-216 Tuberculin Screening in millimeters.

C. Information regarding a new positive Tuberculin Skin Test will be included on the Occupational Safety and Health Administration (OSHA) Form 300 Log of Work-Related Injuries and Illnesses and identified as a “TB test conversion”, unless:
1. It is documented that the infection occurred before beginning employment/service,
2. The test was conducted within 2 weeks of beginning employment/service,
3. The infection occurred due to a non-work related exposure, or
4. It is confirmed by other diagnostics to not be a positive test.

D. If an individual's TB infection entered on OSHA Form 300 Log of Work-Related Injuries and Illnesses progresses to TB disease within the 5 year maintenance period, the original entry for the infection will be updated to reflect the status change.

IX. Resources through Washington State TB Services

A. Washington State TB Services provides the following services to the Department upon request:

1. Medical and nursing consultation to assist in the development of TB prevention and treatment protocols,

2. Consultation about the status of individual employees, contract staff, and volunteers exposed to TB disease to determine the safety of others if the individual returned to work, and

3. Assistance with contact investigations when an exposure incident has been reported.

DEFINITIONS:

The following words/terms are important to this policy and are defined in the glossary section of the Policy Manual: Tuberculosis (TB). Other words/terms appearing in this policy may also be defined in the glossary.

ATTACHMENTS:

None

DOC FORMS:

DOC 03-216 Tuberculin Screening