



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
DEPARTMENT WIDE

REVISION DATE
11/24/20

PAGE NUMBER
1 of 7

NUMBER
DOC 890.610

POLICY

TITLE
**TUBERCULOSIS PROGRAM FOR EMPLOYEES,
CONTRACT STAFF, AND VOLUNTEERS**

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
- Revised: 11/24/20

SUMMARY OF REVISION/REVIEW:

Major changes to include terminology updated throughout and the addition of the expectation that facilities will establish procedures to ensure TB testing is completed before patient care begins.


APPROVED:

Signature on file

STEPHEN SINCLAIR, Secretary
Department of Corrections

11/22/20

Date Signed

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------|
|  <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p> | APPLICABILITY DEPARTMENT WIDE | | |
| | REVISION DATE 11/24/20 | PAGE NUMBER 2 of 7 | NUMBER DOC 890.610 |
| | TITLE TUBERCULOSIS PROGRAM FOR EMPLOYEES, CONTRACT STAFF, AND VOLUNTEERS | | |

REFERENCES:


DOC 100.100 is hereby incorporated into this policy; [WAC 296-62](#); [DOC 530.100 Volunteer Program](#); [DOC 890.090 Respirator Program](#); [DOC 890.200 Employee Occupational Health Records](#); [CDC NIOSH Guidelines for Respirator Use](#)

POLICY:

- I. The Department recognizes the possibility of airborne transmission of infection by the bacteria that causes tuberculosis (TB) is high in a facility setting and considers the prevention and control of TB as a priority health issue, including identification, assessment, surveillance, and prevention of transmission.
- II. 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 recommendations of the Centers for Disease Control and Prevention (CDC) and the Washington State Department of Health (DOH).

DIRECTIVE:

- I. Responsibilities
 - A. The Occupational Health and Wellness Manager has been designated as 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. Baseline Screening/Testing
 - A. All new employees, whose normal job duties require significant direct contact with the incarcerated population, will obtain baseline symptom screening and TB testing at no cost to them within 60 days of hire or before interacting with the incarcerated population. All new contract staff whose normal job duties require significant direct contact with individuals under the Department's jurisdiction will obtain baseline symptom screening and TB testing at their own expense before beginning work.
 1. TB testing may be completed using 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.

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------|-------------------------------------|
|  <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p> | APPLICABILITY DEPARTMENT WIDE | | |
| | REVISION DATE 11/24/20 | PAGE NUMBER 3 of 7 | NUMBER DOC 890.610 |
| | TITLE TUBERCULOSIS PROGRAM FOR EMPLOYEES, CONTRACT STAFF, AND VOLUNTEERS | | |

2. A waiver may be requested through the Health Services Manager/Health Authority/designee for facility Health Services employees/contract staff or the Appointing Authority/designee for all other employees/contract staff. DOC 03-216 Tuberculin Screening will be used to document the waiver.
 - a. If TB testing is waived, the new employee/contract staff will obtain baseline symptom screening and, if positive, must provide documentation from a medical practitioner that active TB is not present.
 - b. The requester must provide a chest x-ray, taken within 6 months before starting employment/service, or documentation from a medical practitioner 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.
 3. Facilities will ensure health services employees/contract staff who miss the TB testing provided in new employee training have TB testing completed by the facility within 7 days of employment and before the employee/contract staff begins patient care.
- B. All other employees are strongly encouraged to submit to baseline symptom screening and TB testing.
- C. Baseline screening/testing for volunteers will be conducted per DOC 530.100 Volunteer Program.

III. Annual Screening and Testing

- A. The following employees/contract staff will submit to screening/testing at least annually:
 1. Health services employees, contract staff, and providers involved in direct care for incarcerated individuals,
 2. Custody employees permanently assigned to health services, 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.



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
DEPARTMENT WIDE

REVISION DATE
11/24/20

PAGE NUMBER
4 of 7

NUMBER
DOC 890.610

POLICY


TITLE
**TUBERCULOSIS PROGRAM FOR EMPLOYEES,
CONTRACT STAFF, AND VOLUNTEERS**

C. Infection Prevention Nurses (IPNs)/designees will be responsible for administering annual testing/screening.

IV. TB Infection and Disease

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


1. Those 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:
 - a. The evaluation was a result of a positive Tuberculin Skin Test, and
 - b. The result is or is not infectious TB disease, including a description of the workup or rationale supporting this conclusion (e.g., being asymptomatic with a negative history and chest radiograph).
3. Employees, contract staff, or volunteers with a confirmed case of active TB disease will be required to obtain treatment through their personal health care provider.
 - a. Treatment will not be provided by the Department.
 - b. Treatment monitoring will be provided by the health department in the county of residence.
 - c. Completion of the prescribed treatment regimen is required and a medical provider's statement that includes the following is required before being allowed to return to the worksite.
 - 1) Confirmation that the person was treated for active TB disease and is no longer infectious, and
 - 2) A description of the course of treatment, diagnostic workup, and rationale that supports that the person is no longer infectious.
 - d. The medical practitioner's statement will be provided to the Occupational Nurse Consultant (ONC), who will forward it to the appropriate Human Resources office.

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------|
|  <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p> | <p>APPLICABILITY DEPARTMENT WIDE</p> | | |
| | <p>REVISION DATE 11/24/20</p> | <p>PAGE NUMBER 5 of 7</p> | <p>NUMBER DOC 890.610</p> |
| | <p>TITLE TUBERCULOSIS PROGRAM FOR EMPLOYEES, CONTRACT STAFF, AND VOLUNTEERS</p> | | |

4. Employees, contract staff, or volunteers will not be allowed access to the worksite until a health care provider clears them to return to work if they do not:
 - a. Complete diagnostic procedures,
 - b. Comply with the prescribed treatment regimen, or
 - c. Provide information as requested.

V. Exposure Incident

- A. If an incident occurs where there is the possibility of significant exposure to the source case, a contact investigation will be conducted and employees, contract staff, or volunteers will be identified. Those identified will be notified and provided follow-up skin testing according to the DOH and CDC recommendations for contact investigation.
- B. Required actions will be determined by the location of the exposure.
 1. For exposures in a Prison:
 - 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 those who need diagnostic testing as soon as practical, and will provide follow-up testing.
 2. For exposures in Work/Training Releases or in the community:
 - a. If the exposure takes place in a Work/Training Release, 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, the contact will be cancelled or immediately discontinued and the employee will notify the 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 where the person can obtain follow-up testing.

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------|
|  <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p> | APPLICABILITY DEPARTMENT WIDE | | |
| | REVISION DATE 11/24/20 | PAGE NUMBER 6 of 7 | NUMBER DOC 890.610 |
| | TITLE TUBERCULOSIS PROGRAM FOR EMPLOYEES, CONTRACT STAFF, AND VOLUNTEERS | | |

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:

- 1) Medical and nursing consultation to assist in the development of TB prevention and treatment protocols,
- 2) Determine the nature and extent of the exposure,
- 3) Consultation regarding the status of a person exposed to TB disease to determine the safety of others if the exposed person returned to work, and
- 4) 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.

VI. Respirator Use


A. Respirator use will comply with DOC 890.090 Respirator Program.

B. Employees/contract staff will use CDC NIOSH Guidelines for Respirator Use when entering respiratory isolation where an incarcerated individual 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.

VII. 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.

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------|
|  <p>STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS</p> <p>POLICY</p> | <p>APPLICABILITY DEPARTMENT WIDE</p> | | |
| | <p>REVISION DATE 11/24/20</p> | <p>PAGE NUMBER 7 of 7</p> | <p>NUMBER DOC 890.610</p> |
| | <p>TITLE TUBERCULOSIS PROGRAM FOR EMPLOYEES, CONTRACT STAFF, AND VOLUNTEERS</p> | | |

- 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.

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 skin test will be documented on [Occupational Safety and Health Administration \(OSHA\) 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 an exposure not related to work, or
 - 4. It is confirmed by other diagnostics to not be a positive test.
- D. If a person whose TB infection was entered on OSHA 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.

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](#)