

SUBJECT: STAFF TUBERCULIN PROGRAM

EFFECTIVE
DATE: 04-20-11 (replaces 11-13-08)

APPROVED BY:

Reviewed (no changes): _____

Executive Director

POLICY

It is the policy of McIntosh Trail CSB that all staff who have direct consumer contact are to be screened for tuberculosis. Staff exposed to an active pulmonary tuberculosis case at the workplace will have appropriate exposure management follow-up.

The organization provides safeguards to control the spread of certain infectious diseases among staff, which in turn provides added protection for both consumers, visitors, and staff. Tuberculin skin testing is done at no expense to the staff.

PROCEDURE

A. Tuberculin Skin Testing

1. A Mantoux Tuberculin Skin Test (PPD) is required within the first 10 days of employment for all staff including those with a history of BCG vaccination. The staff person is required to report back to the nurse who administered the test within 48-72 hours for a reading. Test must be administered and read within this timeframe. Pregnant staff will be tested as with other staff since the PPD solution does not affect pregnancy or lactation according to the CDC guidelines.
2. A significant (positive) skin test is defined as 10 mm induration 48 to 72 hours after placement. However, a reaction of 5 mm is classified as positive in the following groups:
 - a. Persons with HIV infection or persons with risk factors for HIV infection who have an unknown HIV status;
 - b. Persons who have had unprotected exposure to a potentially infectious tuberculosis consumer without the use of special tuberculosis precautions;
 - c. Persons who have chest radiographs consistent with old healed tuberculosis.
3. Staff with a documented history of positive tuberculin test or adequate treatment for disease or preventive therapy for infection will be exempt from further routine screening unless they develop symptoms suggestive of tuberculosis. One negative chest x-ray must be in their employee record. At annual screening in the fall, each employee will complete and sign the symptom checklist (FormDocs). If staff has significant symptoms checked, a new chest x-ray will be obtained to rule out tuberculosis.
4. Annual retesting of PPD-negative agency staff should be conducted to identify persons whose skin tests convert to positive. This is usually done in the fall of each year. Staff who fail to get their PPD done or who do not sign the tuberculosis symptom checklist sheet (FormDocs) within the specified time frame (approximately 60 days) will be placed on leave without pay until this is completed. Special consideration will be taken for staff who are pregnant or who are out on sick leave. Newly hired employees may be required to be retested if they were hired before the cutoff day specified by the Lead Nurse.

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PROCEDURE (CONTINUED)

B. Exposure Management

1. If unprotected exposure to a potentially active pulmonary tuberculosis consumer occurs, a contact list of staff, consumers, and visitors will be developed. All staff will receive a baseline skin test, unless a negative skin test has been documented within the preceding three months. If the individual skin test is negative, a repeat test will be done three months after the exposure ended. Exposed staff with skin test reactions 5 mm or with symptoms suggestive of tuberculosis should receive chest x-rays. Persons with previously known positive skin test reactions who have been exposed to an infectious consumer do not require a repeat skin test or chest x-ray unless they have symptoms suggestive of tuberculosis.
2. Consumers and visitors will be referred to their personal physicians for follow-up.

C. Evaluation and Management of Staff with Positive Skin Tests or With Symptoms That May Be Due to Tuberculosis.

1. Staff with newly positive tuberculin skin tests after exposure to the disease should be clinically evaluated for active tuberculosis by their physicians. Staff with symptoms suggestive of tuberculosis should be evaluated regardless of skin test results. If tuberculosis is diagnosed, appropriate therapy should be instituted according to published guidelines. Staff diagnosed with active tuberculosis should be offered counseling and HIV antibody testing. The staff person's physician should determine when he/she can return to work.
2. Staff who have positive tuberculin skin tests or skin test conversions after routine screening, but do not have clinical tuberculosis, should be evaluated for preventive therapy, according to published guidelines, by their physicians. Staff with positive skin tests should be evaluated for risk of HIV infection. If HIV infection is considered a possibility, counseling and HIV antibody testing should be strongly encouraged.
3. All staff with a history of tuberculosis or positive tuberculin tests are at risk for contracting tuberculosis in the future. Staff should be informed that they should promptly report any pulmonary symptoms. If symptoms of tuberculosis develop, the person should be evaluated immediately.

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D. Chest X-ray Requirements

1. A chest x-ray is required within 30 days for staff who develop a new significant reaction to their skin test. Chest x-ray results will be followed up by the staff person's physician.
2. New staff who can document a positive Mantoux skin test in the past shall have initial screening in the form of a chest x-ray unless they can provide documentation of a negative chest x-ray. Annual chest x-rays are not required.

E. Documentation Requirements

1. The results of the test should be recorded on the TB Testing Notification/Documentation Form (FormDocs) by the administering nurse. Staff person is to send form back to Employee Relations within 10 days of initial testing. The staff person may keep a copy, if desired.
2. Employee Relations will forward any positive results to the agency Infection Control Nurse for follow-up. Once follow-up is complete, test results will be sent back to Employee Relations for filing. All results will be maintained in Employee Relations. Negative results will not be forwarded to Infection Control Nurse.
3. Supervisors are responsible for ensuring that all their staff comply with this policy. The staff copy of the test results is verification of compliance.

F. Responsibilities of Administration (or its Designee)

1. Monitoring staff test results to identify converters.
2. Contacting converters to ensure follow-up with a physician for evaluation or prophylaxis.
3. Reviewing x-ray reports on all converters' films and on staff with positive skin tests (referring to a physician as appropriate).
4. Recording test results, reports of x-ray findings, and reports of medical evaluation and completion of treatment in the staff person's file.

G. Students

All student affiliation agreements between the organization and educational institutions for student placements in areas with direct consumer contact shall include a requirement that students meet the organization's requirements regarding testing for tuberculin reaction.