DEPARTMENT OF CORRECTIONS

Policy Number:	**105.180**
Title:	**Tuberculosis Control for Applicants, Employees, Contractors, Volunteers and Students**
Effective Date:	**8/6/19**

PURPOSE: To prevent and control Mycobacterium tuberculosis (TB) in staff, contractors, students or interns, and volunteers, facilities must implement ongoing TB screening, prevention, and control measures.

APPLICABILITY: Department-wide

DEFINITIONS:

Allergic reaction to Mantoux solution – a rare unintended response to Mantoux skin testing solution that is unrelated to a positive response. Symptoms may include pain, significant itching, localized rash at the injection site, or significant redness or swelling. Mild itching, redness or swelling is not considered to be an allergic reaction.

Applicant – candidate who has received an official offer for a position working in a correctional facility or a position that requires more than ten hours per week of direct offender/resident contact on an ongoing basis.

Contractor – person employed by a contract vendor who provides services to the department and who has more than ten hours per week of direct offender/resident contact on an ongoing basis.

Employee – employee of the department who works in a correctional facility or who has more than ten hours per week of direct offender/resident contact on an ongoing basis.

Induration – raised, palpable area at the injection site that is firmer than the surrounding skin. This does not include redness or swelling that is not palpable.

Mantoux test – a skin test used to diagnose TB infection, which is also referred to as a tuberculin skin test (TST).

Positive Mantoux test – a reading of 10 mm or greater of induration. A reading of 5 mm or greater is considered positive for persons with HIV, recent contacts of a TB case, or persons with immune suppression.

Student/Intern – individual participating in an educational program gaining work experience with the department.

Tuberculosis disease (active TB) – a bacterial infection usually affecting the lungs and possibly other sites, caused by Mycobacterium tuberculosis. Only TB of the larynx and lungs is considered communicable.

Tuberculosis infection (latent TB infection) – a condition in which TB germs are present in the body but are dormant and are not causing active disease. Infected persons usually have a positive Mantoux test but have no symptoms related to the infection, usually have a normal chest X-ray, and cannot spread TB to other persons. People with TB infection are at risk for developing active and infectious TB in the future. Preventative treatment decreases that risk.

Two step (Mantoux) testing – two standard Mantoux tests given sequentially, ideally over a 1-3 week period.

Volunteer – person providing services to the department free of charge and who has more than ten hours per week of direct offender/resident contact on an ongoing basis.

PROCEDURES:

A. Screening and testing

1. New employees:

a) History screening

Human Resources (HR) staff ensures all new department employees undergo TB screening within two weeks of hire and before offender/resident contact.

b) New employees with a history of positive TB skin test:

(1) No further testing is necessary if the employee has documentation of completing TB preventative therapy.

(2) Without documentation of completion of preventive therapy, the employee must present evidence of a negative chest X-ray done within the previous three months.

c) Mantoux testing

If a new employee does not have a history of a positive skin test, the employee must have Mantoux testing as follows:

(1) Two-step Mantoux testing is required of employees who have not had a Mantoux test within the last year.

(2) If the employee has a documented history of a negative skin test within the past year, a single Mantoux test is required.

(3) If the employee has a positive Mantoux test, the employee must have certification from a medical practitioner that the employee is free from infectious TB, and a negative chest X-ray.

2. Periodic testing and screening of employees:

a) Employees with previous negative Mantoux tests must have an annual Mantoux test.

(1) If the test converts to positive, the employee must complete an Employee Tuberculosis Symptom Screening form (attached).

(a) If no symptoms are identified, the employee has ten days to see a medical practitioner for certification that the employee is free from infectious TB, including documentation of a negative chest X-ray.

(b) If symptoms are present, the employee must see a medical practitioner for certification that the employee is free from infectious TB, including documentation of a negative chest X-ray or equivalent test, before returning to the work site.

(2) If the Mantoux test reading is 5-9 mm of induration, the employee must have a repeat skin test.

(a) If the second test is below 5 mm, it is considered negative.

(b) If the test reading is still 5-9 mm, the employee must complete an Employee Tuberculosis Symptom Screening form (attached). If no symptoms are present, the employee has ten days to see a medical practitioner for certification that the employee is free from infectious TB. Chest X-rays are optional, at the discretion of the medical practitioner.

(c) If the second test is 10 mm or more, the test is considered a conversion to positive. Follow Procedure A.2.a)(1) above.

b) Employees with previous positive Mantoux tests must
   (1) Be annually screened for symptoms of active TB by completing an Employee Tuberculosis Symptom Screening form;
   (2) Receive education on the need for medical evaluation if symptoms develop; and
   (3) If symptoms of active TB are present, see a medical practitioner for certification that the employee is free from infectious TB before returning to the work site. Chest X-rays are optional, at the discretion of the practitioner.

c) All requirements in Procedure A.2.a) must be met and documents provided to the facility HR department within the required time frames or the person must be excluded from working on correctional facility grounds.

d) Employees must comply with more frequent testing to comply with facility schedules or upon request as part of determining a possible exposure.

3. Employees who are allergic to Mantoux solution are exempt from initial and annual Mantoux testing if the following documentation is placed in the employee's department medical record:
   a) Medical practitioner verification of an allergic reaction to Mantoux solution;

   b) A negative chest X-ray or a Quantiferon Gold-Plus blood test following determination of allergic reaction; and

   c) Completion of initial and annual tuberculosis symptom screening.

4. Screening procedures for TB must be offered at no cost to the employee and at a time and location designated by the facility during the employee's regularly scheduled work hours.

B. <u>Screening for contractors</u>
1. Screening of contractors for TB is the responsibility of the contractor, who must provide the unit contracting them with the following information:
   a) Written documentation of a negative Mantoux test done within one year before offender/resident contact, and annually thereafter.

   b) If the skin test is positive, the report of a negative chest X-ray within six months before offender/resident contact.

c) If the chest X-ray is abnormal, a statement from a medical practitioner certifying that the person is free from infectious TB, within six months before offender/resident contact.

2. The cost of screening procedures for TB must be paid by the contractor.

C. Screening for volunteers

1. The volunteer must provide the unit supervisor with the following information:
   a) Documentation of a negative Mantoux test done within one year before offender/resident contact and annually thereafter.

   b) If the skin test is positive, documentation of a negative chest X-ray within six months before offender/resident contact.

   c) If the chest X-ray is abnormal, a statement from a medical practitioner certifying that the person is free from infectious TB, within six months before offender/resident contact.

2. Cost of screening procedures for TB:
   a) The facility provides Mantoux tests for volunteers.

   b) The volunteer is responsible for the cost of X-rays or medical exams.

D. Screening for students/interns

1. Screening of students/interns is the responsibility of the student or school. The student must provide the unit supervisor with the following information:
   a) Written documentation of a negative Mantoux test done within one year before offender/resident contact and annually thereafter.

   b) If the skin test is positive, documentation of a negative chest X-ray within six months before offender/resident contact.

   c) If the chest X-ray is abnormal, a statement from a medical practitioner certifying that the person is free from infectious TB, within six months before offender/resident contact.

2. Cost of screening procedures for TB
   The student or school is responsible for the cost of skin testing, X-rays, and medical exams.

E. Exclusion of persons with known or suspected infectious TB

Persons having symptoms consistent with active TB (with or without a positive Mantoux) must be excluded from working in or on department facility grounds until a medical practitioner certifies that the person is free from infectious TB.

F. Mantoux skin testing procedure

1. Consent
   Prior to testing, the person must complete the attached Consent form.

2. The tester must follow the Mantoux Tuberculin Skin Testing Procedure (attached).

G. Respiratory protection – Refer to Policy 105.115 "Respiratory Protection Program."

H. TB training and communication of hazards

1. The department must provide training:
   a) Initially prior to assignment;

   b) Annually; and

   c) Whenever new procedures are implemented.

2. Training must include:
   a) A general explanation of the epidemiology and symptoms of TB, including hazards to at-risk employee groups.

   b) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to TB.

   c) An explanation of the chain of infection, or infectious disease process, including agents, reservoirs, modes of escape from reservoirs, modes of transmission, modes of entry into host, and host susceptibility.

   d) An explanation of the TB exposure control plan.

   e) An explanation of the use and limitations of methods of control that will reduce or eliminate exposure, including appropriate engineering controls and work practices, housekeeping, and personal protective equipment.

   f) An explanation of the basis for selection of personal protective equipment, including information on the types, proper use, location, removal, handling, decontamination, and disposal.

   g) The procedures to follow if an exposure incident occurs.

   h) An explanation of the signs, labels, tags, or color-coding used to denote biohazards.

   i) An opportunity for interactive questions and answers with the person conducting the training session.

   j) An accessible copy of the Occupational Safety and Health Administration (OSHA) test regarding this issue.

   k) How to gain access to further information and reference materials that must be made available in the workplace including location, contents, and availability of materials explaining the symptoms and effects of TB.

   l) Respiratory protection training requirements listed in Policy 105.115, "Respiratory Protection Program," and fit testing.

3. The facility training department must designate a qualified person to conduct training.

4. All training must be documented and retained in the electronic training management system.

I. Recordkeeping

1. The safety administrator must record all staff positive Mantoux tests on the OSHA 300 Log unless there is clear documentation that an outside exposure occurred. The employee must file an incident report at the direction of the facility safety administrator.

2. Positive baseline Mantoux tests need not be recorded on the OSHA 300 Log if conducted within two weeks of the employee's start date.

3. Human resources staff must retain results of employee Mantoux test results for 30 years following the date of employee severance from the department.

INTERNAL CONTROLS

A. Employee TB screening documentation is retained in the employee's health record in Human Resources.

B. Employee training is documented in the electronic training management system.

C. Volunteer TB screening is retained by the unit supervisor.

D. Contractor TB screening is retained by the contracting unit.

E. A log with all positive employee Mantoux and Quantiferon Gold-Plus tests is retained by the facility safety administrator.

ACA STANDARDS: 4-4348, 4-4355

REFERENCES:
Minn. Stat. § 144.445
Occupational Safety and Health Administration (OSHA), Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis, CPL 02-02-078, 06/30/2015
US Department of Health and Human Services, Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Settings, December 30, 2005
Policy 105.115, "Respiratory Protection Program."
Policy 103.016, "Pre Placement Medical Exam and Evaluation."
TB Skin Test (Mantoux) (Minnesota Department of Health)
Active TB Disease (Minnesota Department of Health)
Treatment for Latent TB Infection (Minnesota Department of Health)

REPLACES: Policy 105.180 "Tuberculosis Control for Employees, Contractors, Volunteers and Students," 3/6/18.
All facility policies, memos, or other communications whether verbal, written, or transmitted by electronic means regarding this topic.

ATTACHMENTS:
Consent form (105.180A)
Employee Tuberculosis Symptom Screening (105.180B)
Annual Employee Mantoux Testing Process (105.180C)
Mantoux Tuberculin Skin Testing Procedure (500.520D)

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