YOUTH SERVICES
POLICY

Title: Management of Tuberculosis - Employees	**Type:** A. Administrative **Sub Type:** 2. Personnel **Number:** A.2.67
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References: Centers for Disease Control (CDC), National Institute of Occupational Safety and Health (NIOSH), and Occupational Health and Safety Administration (OSHA); ACA Standards 2-CO-1C-19 (Standards for Administration of Correctional Agencies) and 4-JCF-4C-22, and 4-JCF-6C-06 (Performance-Based Standards for Juvenile Correctional Facilities); YS Policy No. A.1.9 "Public Records Management", and B.6.1 "Health Care"; OJJ/WP C-22"Communicable and Infectious Disease Management"	
STATUS: Approved	
Approved By: *James Bueche, Ph.D., Deputy Secretary*	**Date of Approval:** 02/14/2020

I. AUTHORITY:

Deputy Secretary of Youth Services (YS) as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

II. PURPOSE:

To address the management of tuberculosis for YS employees

III. APPLICABILITY:

All YS employees.

Unit Heads are responsible for ensuring that all necessary procedures are in place to comply with the contents of this policy.

IV. DEFINITIONS:

Anniversary Hire Date – Six (6) months after the employee's hire date, and that date every year thereafter.

Contracted Health Care Provider (CHP) - Contracted licensed practitioners responsible for the physical and mental well-being of the secure care youth population. Services include medical, dental, and mental health services, nursing, pharmacy, personal hygiene, dietary services, health education, and environmental conditions.

(LTBI) Latent Tuberculosis Infection - A present or potential, but not evident or active, Tuberculosis infection.

Occupational Health Clinic (OHC) - Any general hospital, or any other medical facility which operates a corporate medicine program or an employee wellness program which includes any of the following: (1) Routine commercial activities, such as pre-employment examinations, (2) mandated examinations, such as Federal Occupational Safety and Health Administration examinations, (3) routine workers' compensation cases, (4) routine medical evaluations involving establishment of product liability, (5) evaluations consigned to independent medical examiners, (6) employee physical programs, (7) employee wellness programs, or (8) employee drug testing programs.

(TB) Tuberculosis – An infectious disease caused by the tubercle bacillus and characterized by the formation of tubercles on the lungs and other tissues of the body, often developing long after the initial infection.

YS Employees – For the purpose of this policy, YS employees are all full time/part-time employees, contracted health care provider staff, and interns.

V. POLICY:

It is the Deputy Secretary's policy that a written plan be maintained to address the management of TB. YS recognizes that persons may have religious or other personal reasons for wanting to forego tuberculosis screening; however, YS has a compelling interest in mandatory tuberculosis testing and an obligation to protect its youth population as well as other employees from this contagious disease. Moreover, the U.S. Center for Disease Control ("CDC") and Occupational Safety and Health Administration ("OSHA") has identified correctional institutions as a workplace having a greater incidence of tuberculosis infection than in the general population.

<u>All employees have contact at some point with a secure care facility, and all employees must therefore be tested annually. YS recognizes there are several methods to test for tuberculosis. At this time, YS chooses the TB skin test because it is the least invasive reliable procedure available.</u>

The testing and management plan shall include procedures at a minimum for the following:

- Initial and annual testing for infection;
- Surveillance;
- Treatment (including treatment of latent tuberculosis infection (LTBI); and
- Follow-up.

VI. PROCEDURES:

A. Testing Guidelines

1. Secure care employee testing shall be conducted by the contracted Health care provider (CHP) at the secure facility of employment.

   Community Based Services (CBS) employee testing shall be conducted at the Occupational Health Clinic (OHC) located in the local area where the office is located.

   Central Office employee testing shall be conducted at an OHC located in the local area.

2. All new employees shall be tested for TB after a conditional offer of employment is made, prior to the date work begins and annually thereafter on the anniversary of their hire date. If a new employee refuses testing, he/she shall not be employed. If the new employee has tested "positive" in the past or has been treated in the past for active TB, a TB skin test is not required, however a negative chest x-ray is required (at his/her expense).

3. Current employees shall be tested annually on their anniversary hire date. If a current employee refuses to submit to tuberculosis testing, it shall be grounds for disciplinary action. Additionally, the employee shall be immediately placed on forced leave, and shall have seven (7) calendar days to provide documentation from their personal health care provider evidencing that the employee is free from TB infection. If documentation is not provided within seven (7) days, disciplinary action may be taken against the employee.

   Current employees who have tested "positive" in the past or have been treated in the past for active TB, are not required to take a TB skin test. Rather, the employee shall be evaluated for signs and/or symptoms of active disease annually thereafter by utilizing the "Tuberculosis Signs/Symptoms Evaluation" form [see Attachment A.2.67 (a)]. This form must be completed by a qualified licensed health care professional. Medical recommendations shall be made after review of the completed signs and/or symptoms form by the appropriate health care professional. Continued surveillance and follow-up shall be done on an annual basis.

4. Current employees who have been possibly exposed to a person with active TB shall be tested for TB immediately. The test shall be conducted by a trained and licensed medical professional at the secure care facility (CHP) or an OHC depending on work location. If an employee is tested by his/her private doctor, the results shall be reviewed by the CHP (if a secure care worker) and the unit head; and a copy given to the HR Liaison for placement in the employee's file.

5. At 48-72 hours following the injection, the site is to be inspected by the OHC / CHP for a “positive” or “negative” reading. Failure to return for the injection reading timely may result in disciplinary action. The employee shall then be responsible for providing documentation of testing and reading within seven (7) days from their personal health care provider.

6. If the reading is “positive”, employees shall have ten (10) days from the date of the “positive” reading to submit written documentation from a medical provider, with the results of further diagnostic evaluation to determine whether or not TB disease is present and if the employee is in need of treatment according to the latest TB recommendations. Any employee found to be noncompliant with treatment recommendations may be placed on forced leave until treated, and possible subsequent employment action may be taken.

7. <u>YS recognizes that TB skin testing may occasionally create a false “positive” outcome. An applicant or current employee may ask for a repeat screen or may obtain a chest x-ray from their own medical provider, at their expense.</u>

B. Verification of Prior Testing

1. All new employees must provide written documentation verifying that he/she has tested “positive” in the past or has been treated in the past for active TB, a TB skin test is not required, however a negative chest x-ray is required.

2. When verification of prior testing and treatment is not possible or is unclear, retesting with PPD or a chest x-ray shall be requested. The risk of causing a skin reaction from the test is out-weighed by the legitimate public health interest in knowing the true PPD status of the employee.

C. Follow-up to Testing

1. When the TB screen test has a “positive” reading, the potential new employee or current employee shall be notified and referred to an appropriate OHC or personal health care provider for evaluation.

2. The potential new employee or current employee shall be required to submit written documentation from the evaluating and/or treating health care provider within seven (7) days from the date of the notification of the “positive” reading regarding visit(s), treatment decision(s), scheduled subsequent care and/or medical clearance.

a. Failure of a potential new employee to provide this documentation shall result in he/she not being hired.
b. Failure of a current employee to provide this documentation shall result in disciplinary action.

The potential new employee or current employee shall also submit subsequent documentation within 30 days to ensure compliance with the medical treatment if subsequent care is recommended or medical clearance indicating the individual is not a danger to others.

3. When the employee's TB status is a potential danger to others (e.g., refuses recommended follow-up, is non-compliant with medications, fails to provide required documentation from OHC or personal health care provider within seven (7) days, etc.), the employee **shall** be placed on forced leave until such time that follow-up documentation is provided. Disciplinary action may also be taken against the employee.

D. Employee Leave for TB Disease

Employees with active TB shall remain on extended medical leave until such time that he/she can provide documentation that evidences they are free from TB infection and are medically cleared to return to work. Employees may be required to provide updated medical information.

VII. HR LIAISON RESPONSIBILITIES

A. It shall be the responsibility of each unit's HR Liaison to maintain a record of all employee TB testing, inclusive of new hire testing, utilizing the "YS Employee TB Testing" Excel spreadsheet [see Attachment B.6.3 (b)], to document the following:

1. Employee Personnel Number;
2. TB Test Type (PPD, QuantiFERON – TB Gold In-Tube test (QFT-GIT), X-ray);
3. Date of TB Test;
4. Test Result;
5. Follow-up;
6. Next TB Test Due Date.

B. On a quarterly basis, on the first day of the quarter (July / October / January / April), Public Safety Services (PSS) Human Resources (HR) shall forward a list of each employee's anniversary hire date for the quarter to the unit's HR Liaison.

C. The unit's HR Liaison shall present the employee with the "Annual Employee Tuberculosis Test Notification" form [see Attachment A.2.67 (c)]. The employee shall sign, date, and note the time on the form indicating they have been notified to report to the secure care infirmary or the identified OHC for the TB skin test within seven (7) days. The notification form shall be maintained by the unit's HR Liaison.

D. The unit's HR Liaison shall ensure the attached "OHC Employee Health Referral Form" is completed and provided to the employee reporting to the OHC for the TB skin test, which shall include any special instructions as indicated on the form. The form shall be authorized by the Unit Head/HR Liaison.

E. Should an employee report to an OHC and the test is unavailable at that time, the employee shall report back to the HR Liaison, who shall note on the tracking chart the reason the test was not completed within 7 days. The HR Liaison shall maintain contact with the OHC to ensure the employee returns for testing as soon as the test becomes available.

If an employee is exhibiting symptoms and the test is not available at the OHC, the Unit Head shall advise the employee not to return to work until medical clearance is received from their private health care provider. The employee will be placed on "sick" leave until such time as the employee is cleared to return to work.

VIII. QUALITY ASSURANCE / RECORD KEEPING

A. The YS Health Services Director shall provide Continuous Quality Improvement Services (CQIS) with a secure care facility monthly report of TB testing activities for quality assurance purposes on the 10th day of the month following the quarter (October/January/April/July).

B. TB records shall be retained and disposed of pursuant to YS Policy No. A.1.9.

IX. STAFF DEVELOPMENT

A. A minimum of .30 minutes of training during pre-service orientation and annually thereafter on Tuberculosis is required for all YS employees to be educated on the following:

1. Basic TB Facts;
2. Treatment;
3. Testing and Diagnosis;
4. TB and HIV Co infection;
5. Infection Control and Prevention;
6. Vaccines and Immunizations;
7. TB in Specific Populations; and
8. Drug-Resistant TB.

More information is available on the Center for Disease Control's (CDC) website at: http://www.cdc.gov/tb/.

B. All training shall be documented and entered in TREC by designated staff

C. All new employees shall be trained within 90 days of hire.

Previous Regulation/Policy Number: A.2.67
Previous Effective Date: 01/23/2018
Attachments/References: A.2.67 (a) Tuberculosis Signs Symptoms Evaluation February 2020.doc
A.2.67 (b) YS Emp TB Testing Tracking Chart 1113.xls
A.2.67 (c) Employee Notification 0813.doc
A.2.67 (d) Employee Health Referral Form Jan 2018.doc

TB Signs & Symptoms Evaluation

EMPLOYEE NAME: _____ DATE: _____

DEPARTMENT: _____

Please check one:

- ○ Previous positive TB skin test - positive reactor
- ○ Immunosuppressive/other therapy contraindicating tuberculin skin testing
- ○ Allergy to phenol
- ○ BCG immunization
- ○ History of TB disease:

  Date(s)_____ Treatment_____

  MD or Agency Name and Phone Number: _____

Below is a list of symptoms frequently associated with TB disease. Please review the list and indicate any symptoms you may currently have, or have had, in the past 12 months by placing a check mark next to all that apply to you.

Please check all that apply:

Yes	No		Yes	No	
○	○	Unexplained hoarseness	○	○	Coughing up blood (hemoptysis)
○	○	Loss of appetite	○	○	Bloody sputum
○	○	Unexplained weight loss	○	○	Recurrent shortness of breath
○	○	Productive or prolonged cough (over 2 weeks	○	○	Unexplained fatigue or weakness
○	○	Productive cough	○	○	Chest pain
○	○	Persistent fever (over 100 F	○	○	Recurrent pneumonia
○	○	Night sweats	○	○	Unprotected exposure to a known TB patient Date of exposure
○	○	Chills	○	○	Present symptoms experienced

If at any time during the 12-month period between TB screenings you experience symptoms of potential TB, please immediately notify your Supervisor and the Infirmary Department.

_____ _____

Healthcare Provider/Nurse Signature Date

YS EMPLOYEE TB TESTING TRACKING CHART

Unit	Emp Personnel #	Date Emp Notified	TB Test Type			Date of TB Test	Test Result	Follow-Up	Next TB Test Due Date	COMMENTS
			PPD	TB Spot	X-Ray					

YOUTH SERVICES

ANNUAL EMPLOYEE TUBERCULOSIS TEST NOTIFICATION

UNIT _____

DATE: _____

TO: _____

FROM: _____
(Facility Director / Regional Manager / Undersecretary)

RE: **NOTIFICATION OF ANNUAL EMPLOYEE TB TEST**

This shall serve as your official notification of YS Annual Tuberculosis (TB) Testing requirement on the anniversary of your hire date with the Office of Juvenile Justice on (fill in hire date), pursuant to YS Policy No. A.2.67 "Management of Tuberculosis for Employees".

You are to report to the secure care facility infirmary (secure care) or an Occupational Health Center (CBS/CO) within seven (7) days of receipt of this notification for your annual TB test. You must ensure that you return to the facility infirmary/OHC within three (3) days of the test for the reading and diagnosis of the PPD skin test. Failure to do so may result in disciplinary action. Failure to participate in the annual TB testing may also result in disciplinary action in accordance with YS Policy No. A.2.1 (b) "Employee Manual".

If you have any questions, please contact the Facility Director / Regional Manager / Undersecretary. Thank you in advance for your continued cooperation in meeting the mission of the Office of Juvenile Justice.

_____	_____	_____
Employee Signature	Date	Time

c: Unit HR Liaison

JOHN BEL EDWARDS, Governor

JAMES BUECHE, PH.D, Deputy Secretary

Office of Juvenile Justice

Employee Health Referral Form

Agency Info:
State of Louisiana/Office of Juvenile Justice
Referring Facility / Regional Office / Central Office:

_____

Address: _____

Contact: _____Phone:_____Fax:_____

Employee Info:
Employee Name: _____

Employee #:_____

Name and Location of Occupational Health Center Requested

_____

<u>Services to be performed today (check all that apply)</u>:

- ☐ Pre-Employment Physical Examination
- ☐ Non-Dot Physical Examination
- ☐ Other_____
- ☐ Urine Drug Screen
- ☐ Confirmatory Drug Test
- ☐ Breath Alcohol Test
- ☐ TB Skin Test
- ☐ Chest X-Ray
- ☐ Hepatitis B Vaccine

SPECIAL INSTRUCTIONS:

Authorized by: _____ Date: _____