

CMHC <i>INFECTION CONTROL</i> POLICY MANUAL	Effective Date: 10/20	NUMBER: B-14.3 Page 1 of 4
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	Replaces: 02/19	
	Formulated: 7/95	
EMPLOYEE TB TESTING		

PURPOSE: To describe the process where by employees may obtain routine TB skin testing by facility medical staff.

POLICY: Employees of the Texas Department of Criminal Justice (TDCJ) or Correctional Managed Health Care Plan operated by the University of Texas Medical Branch (UTMB) at Galveston or the Texas Tech University Health Science Center (TTUHSC) Correctional Managed Care Plan are required to obtain a tuberculin skin test at the time of employment and periodically thereafter.

AUTHORITY: Section 501.060, Texas Government Code.

PROCEDURE:

I. New employee Testing

A. Correctional Officers

- 1.) Each newly hired correctional officer will be screened for Tuberculosis (TB) within 30 days of arrival at his/her first unit of assignment during the initial on the job training as a condition of employment.
- 2.) TB screening will consist of a symptom screen and Tuberculin Skin Test (TST). Results will be documented on the Tuberculosis Certificate (Attachment A) by facility medical staff. Employees who report a past positive TST must provide a documentation of the test that includes evaluation following the test and any treatment received within 30 days of arrival at his/her first unit of assignment.
- 3.) If an employee claims to have a medical or religious contraindication to having a skin test, the claim must be evaluated and approved by the Office of Public Health. TDCJ Human Resources must forward supporting documentation to that office ASAP. Only documented immediate hypersensitivity reactions or published tenets of a recognized religion will be accepted as proof of a contraindication to skin testing. Pregnancy is not a contraindication.
- 4.) TDCJ Human Resources is responsible for assuring that the new employee is present for placement and reading of a required tuberculin skin test. The unit Human Resources representative is responsible for addressing no-shows. If a new employee who is required to have a

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tuberculin skin test is a no-show for testing on the unit, he/she must arrange to get a skin test through a private provider at their own expense and bring the results of the test to the unit medical department within the 30 day deadline for new employee testing.

- 5.) Facility medical personnel will interpret the skin test and if found to be positive will refer the employee to the employee's personal physician or the Texas Department of State Health Services for a medical evaluation to be performed within 30 days of the positive skin test interpretation. The employee may continue working during that time pending the medical evaluation if he or she is free of symptoms of active tuberculosis. Facility medical personnel will inform the employee that any expenses or leave time associated with the medical evaluation will be the employee's responsibility
- 6.) The date of the TST, the results, and the date interpreted, will be documented by medical staff on the employee health computer screen.

B. UTMB AND TTUHSC Health Care Workers

- 1.) Each newly hired Health care worker must obtain an initial 2-step TST within 30 days of hire. The procedure for new employee testing will follow the individual University's Employee TB Testing policy or standard operating procedure.
- 2.) Documentation of the TST will be maintained in the employee health record at the employee's unit of assignment.

II. Annual Testing

A. Correctional Officers

- 1.) TST may be requested by a TDCJ employee no more than once per year.
- 2.) The request must be provided in writing to the unit medical staff where the employee is assigned using the Tuberculosis certificate (Attachment A.).
- 3.) Facility medical staff will interpret the skin test and if found to be positive, will refer the employee to the employee's personal physician or the Texas Department of State Health Services for a medical evaluation to be performed within 30 days of the skin test interpretation. The employee may continue working during that time pending the medical evaluation if he or she is free of

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symptoms of active tuberculosis.

- 4.) The date of the TST, the results, and the date interpreted, will be documented by medical staff on the employee health computer screen.

B. UTMB AND TTUHSC Health Care Workers

- 1.) Facility health care workers must obtain a TST annually during the respective University's screening event.
- 2.) Health care workers who have had a documented past positive TST will receive a symptom screen in lieu of an annual TST. A chest x-ray is not required unless the employee is symptomatic. An employee who is symptomatic will not be allowed to continue to work pending the chest x-ray and evaluation by their private physician or the Department of State Health Services for active disease
- 3.) Employees with a newly positive TST will be referred to their private physician or the Texas Department of State Health Services for evaluation and, if needed, treatment. The employee will have 30 days to complete the evaluation and return the completed TB certification to the unit Infection Control Nurse (ICN). Pending the evaluation, the employee may continue to work if he or she is free of symptoms of active TB.

III. Post Exposure Testing

- A. Post Exposure Testing of all employees will be conducted in accordance with Correctional Managed Health Care Policy B-14.10.
- B. If a TB exposure is a documented job-related incident, the employee must coordinate leave requests and workers compensation reports with their supervisor and human resources.

- IV. Employees with positive skin test results, who are referred to their personal physician, are to provide the facility medical department with a release (see Attachment A) signed by a physician within 30 days of a positive skin test interpretation. If the release is not returned within 30 days, the employee will not be allowed to return to work and must use accrued leave until the release is received. The facility medical department is to notify the human resources representative if the employee fails to provide the physician's release.

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- V. The physician's release data will be entered on the employee health computer screen.

Reference:

ACA Standard 4-4386Centers for Disease Control and Prevention *Guidelines for Prevention the Transmission of Mycobacterium tuberculosis in Health Care Settings*, 2005, 54 (No. RR-17).

Centers for Disease Control and Prevention. Prevention and Control of Tuberculosis in Correctional and Detention Facilities. *MMWR* 2006; 55 (No. RR- 9).

Tuberculosis and Respiratory Disease, 2017 Jan: 80 (1):21-26.

Centers for Disease Control and Prevention. Tuberculosis Screening, Testing, and Treatment of U. S. Health Care Personnel:

Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. *MMWR Weekly* May 17, 2019;68 (19) 439-443.

TUBERCULOSIS CERTIFICATE

To be completed by facility medical professional

Mandatory tuberculin skin test (TST) as a condition of employment

Voluntary annual TST

Contact investigation

To be completed by employee prior to placement of skin test Please print clearly	1. Printed Name: _____ 2. Social Security No.: _____ 3. Date of Birth: ____ / ____ / ____ 4. Facility: _____ 5. Employer: _____ (TDCJ/UTMB/TTUHSC/Other) 6. Have you ever had a positive tuberculin skin test (TST)? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Do you currently have any of the following symptoms? <input type="checkbox"/> fever <input type="checkbox"/> chills <input type="checkbox"/> cough > 3 weeks <input type="checkbox"/> productive cough <input type="checkbox"/> hemoptysis <input type="checkbox"/> hoarseness <input type="checkbox"/> night sweats <input type="checkbox"/> anorexia <input type="checkbox"/> unexplained weight loss _____
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Employee Signature

Date

To be completed by facility medical professional	8. Tuberculin skin test (TST) date: ____ / ____ / ____ 9. Site: _____ 10. Manufacturer/Lot#: _____ 11. Test Results: _____ mm <hr style="border: 2px solid black;"/> If Mantoux skin test is positive, please complete line 12. 12. Referred to: <input type="checkbox"/> Private physician <input type="checkbox"/> Texas Department of State Health Services _____
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Facility Medical Professional Signature

Date

I understand that I have a positive tuberculin skin test. I also understand that I must be evaluated by a physician and return this completed form to the ICN nurse within 30 days.

Employee Signature

Date

I certify the above individual has been evaluated and has been found free of communicable tuberculosis.

Physician Signature

Date

Physician's printed name

License number

TB FACT SHEET

What is TB?

Tuberculosis (TB) is an infectious disease caused by a bacterium called *Mycobacterium tuberculosis*. TB infection occurs most commonly in the lungs but can also occur in other parts of the body, such as the spine, kidneys, larynx or brain.

Is TB a dangerous disease?

TB can be deadly. It was once the main cause of death in the United States; people who had tuberculosis, also called "consumption", were often sent to live in TB sanatoriums, and no cure was available. In the 1950s, antitubercular drugs were developed that can cure TB, and the number of cases steadily declined for about 30 years. However, the decline ended and TB is again a threat that must be taken seriously. Since 1987 an increasing number of TB cases has been reported, and cases of multi-drug resistant TB (MDR-TB) have appeared. Some drugs routinely used to cure TB are not effective against these new, drug resistant strains. Effective alternative medications are available, but drug resistant TB is sometimes not identified in the early stages of treatment, increasing the risk of serious illness or death and of spreading the MDR-TB to others.

Does everyone who is infected with TB get sick?

About 10-15 million Americans are infected with TB, but most do not get sick because their immune systems control the infection. However, if the immune system is weakened by illness or stress the latent, "inactive" TB infection may become "active" TB disease. Activation occurs in about 10 percent of people with TB infection, and the TB germs begin to multiply and destroy the surrounding body tissue.

What are the symptoms of TB?

The most common symptom of TB is a long term cough. Other symptoms include fatigue, weakness, unexplained weight loss, fever, night sweats and coughing up blood.

How is TB spread from one person to another?

TB is spread through the air; only persons who have "active" TB disease in the lungs or larynx can spread TB germs. When they cough, sneeze, laugh or spit they may spray TB germs into the air, and when someone inhales these germs he may become infected. People most likely to become infected are those in frequent, close contact with a person with active disease. Someone who is "run down" with a weakened immune system is more susceptible to TB infection than someone with a strong, healthy immune system. Anyone can get TB, but is more common among people living in crowded places, people with inadequate nutrition and people infected with HIV. The immune system of an HIV infected person becomes progressively weaker and more susceptible to TB, and the spread of HIV is one of the main causes of the increase in TB.

How can someone find out if he or she is infected with TB?

Everyone should have a TB skin test at least once. A small needle is used to put some testing material, called tuberculin, under the skin, usually on the forearm. The person tested returns in 48 to 72 hours to have the test read by a trained health care worker; if the test site reacts, the size of the reaction is measured to determine if it is positive, which usually means that the person is infected with the TB germ. If the test is negative, the person usually is not infected, although someone recently infected, or someone who is HIV positive, may also have a negative reaction.

What happens if the TB skin test is positive?

A chest X-ray, and sometimes other tests, are needed so that a doctor can determine if the TB infection is inactive or active. If the tests indicate that the TB infection is inactive, the doctor may recommend that the infected person take anti-TB drugs to eliminate the TB germs. If the TB infection is in the active disease stage, the doctor prescribes medication that can cure TB. In either case, the medication must usually be taken for six months or longer and exactly as prescribed. When people take an incorrect dosage, and/or do not take the medication long enough, they risk developing drug resistant TB.

How can I get a TB skin test?

Employees may obtain TB skin tests, free of charge, from facility medical personnel.

What if my TB skin test is positive or I have previously tested positive for TB?

An employee with a positive skin test must obtain a diagnostic evaluation from his/her physician; a chest x-ray and additional tests may be required. Any leave time or expense incurred as a result of the medical evaluation will be the employee's responsibility. If the employee has inactive infection, the physician may recommend treatment to prevent future sickness, and the employee may return to work. If active disease is present, the employee may not return to work until treatment has been initiated. TB drugs usually make the patient noninfectious within days or weeks, and TB is curable if diagnosed early and treatment started without delay.

All employees with a positive skin test must provide to the facility medical department, within 30 days, a TB certificate signed by the employee's physician stating that the employee is free from communicable tuberculosis. If the TB certificate is not returned within 30 days, the employee will not be allowed to return to work and must use accrued leave until the certificate is received.

Who can provide me with more information about TB skin tests and about where they are available?

Contact the Infection Control Nurse (ICN) from your facility for additional information.

Where can family members obtain a TB skin test?

A skin test can be obtained from a private physician or a public health department.