

<b>WCHO</b>		<b><i>Policy and Procedure</i></b>	
<b>Department Human Resources</b>		<b># of Pages: 6</b>	
<b>Policy Name TUBERCULOSIS (TB) PREVENTION AND CONTROL FOR WASHTENAW COMMUNITY HEALTH ORGANIZATION STAFF, INTERNS, STUDENTS, VOLUNTEERS AND PROVIDER STAFF</b>		<b>Type of Policy:</b>  [ ] WCHO [ ] Regional [ X ] Network	
<b>Policy Number</b>  06.007	<b>Effective Date</b>	<b>Revision Date</b> 12/22/05	<b>Approval Date</b> 10/21/04; 02/02/06
<b>Administrative/Board of Directors Sign Off</b>			
<b>Administrative Signature:</b>			<b>Date:</b>
<b>Board of Directors Signature:</b>			<b>Date:</b>

### I. PURPOSE

To provide guidelines and procedures for early identification and treatment of Tuberculosis (TB) infection and disease.

### II. APPLICATION

All Washtenaw Community Health Organization (WCHO) staff, students, interns and volunteers of WCHO. All organizations (providers) that have a contract with the WCHO, that provide specialty support services to consumers.

### III. DEFINITIONS

**BCG Vaccine (Bacillus of Calmette and Guerin):** A vaccine used routinely in some countries where TB infection is common, and occasionally in persons whose occupation exposes them to greater risk of TB infection.

**Communicable Active TB Disease:** An infectious disease caused by the tubercle bacillus characterized by abnormal chest x-ray and positive skin test and culture.

**Converter:** A person whose TB skin test reaction has increased in size by a minimum of 6 mm from a reaction of less than 10 mm induration to greater than 10 mm within the last 2 years.

**High Risk Group:** A group identified by characteristics through data collection, which indicate they are more likely to become infected and develop active TB.

**Induration:** Palpable firm swelling at the site of a PPD injection.

**Infection Control Committee:** Representatives from PH, CMH, and WCHO who hold the responsibility for the overall Infection Control Program and System including the development and implementation of processes designed to reduce the risk of infections.

**Infection Control/Exposure Control Coordinator:** Holds responsibility for assuring that the Infection Control Program and System is implemented. The role is an assigned responsibility given to a manager or supervisor level employee with both the knowledge and experience working with infectious/communicable disease and health care systems.

**Latent TB Infection:** The presence of the bacteria that causes TB in a person's body. There is a positive skin test reaction with the absence of clinical or radiographic evidence of disease.

**Negative Skin Test Reaction:** The presence of a 0mm-5 mm induration at the site of intradermal injection of PPD within 48-72 hours.

**Positive Skin Test Reaction:** An induration at the site of injection of PPD within 48-72 hours may be considered positive if certain risk factors are present.

**Surveillance:** The regular collection, summarization, and analysis of data on newly diagnosed cases of any infectious disease for the purpose of identifying high-risk groups in the population, understanding the modes of transmission of the disease, and reducing or eliminating its transmission.

**TB Program:** Washtenaw County Public Health Department TB Control Program is comprised of the TB Nurse Coordinator, the Communicable Disease Program Coordinator, the TB Program Physician, and the Public Health Medical Director. In addition, assigned staff provide support for the TB program services.

**Tuberculin Skin Test (TST):** TST is the mantoux skin test using the purified protein derivative (PPD) 5 US Todd Units (TU) per test dose (0.1 ml) injected intradermally to detect tuberculosis infection.

#### **IV. POLICY**

WCHO staff, students and volunteers shall present evidence of annual TB skin tests, questionnaires and/or chest x-rays so that the Washtenaw County Public Health Department can provide surveillance and identification of TB infection and disease, and provide referral, medical assessment and follow-up as needed.

WCHO staff who work at Psychiatric Emergency Services (PES) at the University of Michigan Hospital System (UMHS) will have their TB testing conducted at monitored in conjunction with UMHS policy and procedures.

All organizations and providers under contract to the WCHO shall manage TB prevention and control internal to their organization. Compliance with TB testing for subcontract providers will be monitored by the WCHO Provider Relations Unit.

#### **V. EXHIBITS**

- A. Statement of Freedom from Communicable Tuberculosis form
- B. Washtenaw County Annual TB Questionnaire
- C. Washtenaw County Employee TB Skin Testing Instruction Sheet

#### **VI. REFERENCES**

Contractual agreements with the Michigan Department of Community Health  
CMHSPM Organization Credentialing/Re-Credentialing and Monitoring Policy  
CMHSPM PRU Contract Monitoring/Credentialing Form

#### **VII. PROCEDURES**

##### **A. Staff**

<b>WHO</b>	<b>DOES WHAT</b>
New employees, students, interns, and volunteers	<ol style="list-style-type: none"><li>1. New staff sends documentation to their supervisor as follows:<ol style="list-style-type: none"><li>a. Present documentation of a negative PPD skin test dated within 3 months previous to date of hire or</li><li>b. If history of a documented positive skin test is not available:<ol style="list-style-type: none"><li>1. Present the Washtenaw County Freedom from Communicable Active TB form (exhibit A) completed by the TB Program Physician or their private medical provider at their own expense.</li></ol></li></ol></li></ol>

<p>Established employees, interns, students, and volunteers with a history of negative skin tests</p>	<ol style="list-style-type: none"> <li>2. Present equivalent information completed by private medical provider in addition to a copy of their chest x-rays radiology report dated within 3 months previous date of hire.</li> </ol> <ol style="list-style-type: none"> <li>1. Present proof of annual skin test results to their supervisor (or present proof every six (6) months for identified high-risk) staff, students, interns, and volunteers.</li> </ol>
<p>Established employees, interns, of the students and volunteers with a Annual TB history of a positive skin test</p>	<ol style="list-style-type: none"> <li>1. Present annual documentation to the TB Nurse Coordinator of the Washtenaw County Public Health Department Annual TB Questionnaire (exhibit B) (or every six (6) months for identified. Questionnaires can be obtained on line in the TB policy of by contacting the TB program (734) 544-3065 or (734) 544-4685.</li> <li>2. Any change in results requires further action including medical evaluation, chest x-ray, sputums(s), as appropriate, and documentation of medical evaluation and freedom of communicable disease status in order to continue to work.</li> </ol>
<p>Employee's (intern, student, volunteer) Supervisor</p>	<ol style="list-style-type: none"> <li>1. Ensures that new employees submit proper documentation at employment, and no later that two (2) weeks after date of hire, of freedom from communicable TB (by a negative TB-PPD skin test or a completed Statement of Freedom from Communicable TB form with chest x-ray if employee, intern, student, or volunteer has a previous documented positive skin test.)</li> <li>2. Notifies staff when the Department provides TB screening services.</li> <li>3. Ensures that personnel files contain current (annual) documentation of TB status (by a negative TB-PPD skin</li> </ol>

test or a TB Questionnaire if employee, intern, student or volunteer has a previous documented positive skin test)

Support Staff

1. Maintains documentation of TB Skin test results, medical reports, an original reviewed/signed questionnaires in the employee's personnel medical record.
2. Maintains a copy and submits any original TB Questionnaires to the Washtenaw County Public Health TB nurse Coordinator.
3. Upon requests, will provide the employee and/or supervisor any reports or copies of TB related documentation.

TB Nurse Coordinator

1. Reviews completed TB Questionnaires forwarded by Washtenaw County Public Health Department staff to determine if further interpretation or direction is indicated.
2. If additional assessment and/or medical referral is indicated, consults with the employee and/or Supervisor as appropriate.
3. Signs the questionnaire and forwards the original to Human Resources for filing in the confidential medical personnel file. Forwards a copy to the TB Program Clerk for filing and data entry. Signs the File Memo, (Exhibit D), and forwards to the supervisor.
2. Provides the employee with a copy of any information, if the employee is seen at the Washtenaw County Public Health Department TB Clinic.
3. Completes the form, X-ray Clearance, (Exhibit E), and forwards to the supervisor.
4. Provides consultation on any TB concerns.

TB Program Clerk

1. Under the direction of the TB Nurse Coordinator maintains a database on all TB Questionnaires for staff with known positive TB skin tests.

- Infection Control/Exposure Control Officer
1. Reviews Washtenaw CSTS TB surveillance reports for employees, interns, students and volunteers. Works with Infection Control Committee staff to prevent, survey, identify, and control infectious processes, and provides direction as needed.

**B. WCHO Contractual Providers**

<b>WHO</b>	<b>DOES WHAT</b>
Organizational Provider	<ol style="list-style-type: none"> <li>1. Participates in on-site clinical/service delivery monitoring by the WCHO Provider Relations Unit, per the CMHSPM Organization Credentialing/Re-Credentialing and Monitoring Policy. Site visits shall occur annually, or as needed to ensure the safety and well-being of CMHPSM consumers served by the provider.</li> <li>2. Responds quickly and effectively to any identified service delivery concerns related to TB testing of direct care staff.</li> </ol>
Provider Relations Unit Staff	<ol style="list-style-type: none"> <li>1. Reviews selected personnel files of subcontract providers during annual on-site clinical/service delivery monitoring for compliance with TB testing of direct care staff.</li> <li>2. Identifies any areas of need with TB testing and includes this in site visit report, including any plan of correction the provider needs to fulfill.</li> <li>3. Provides any necessary monitoring, review, and/or technical assistance for provider as needed per the CMHSPM Organization Credentialing/Re-Credentialing and Monitoring Policy.</li> </ol>