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SECRETARY**

PROCEDURE NUMBER: 401.015

**PROCEDURE TITLE: EMPLOYEE TUBERCULOSIS SCREENING
AND CONTROL PROGRAM**

RESPONSIBLE AUTHORITY: OFFICE OF HEALTH SERVICES

EFFECTIVE DATE: JULY 10, 2019

INITIAL ISSUE DATE: APRIL 9, 2002

SUPERSEDES: HSAM 92-2

RELEVANT DC FORMS: NI1-028, DC4-520, DC4-520A, DC4-776, DC4-778, AND DC4-782B

ACA/CAC STANDARDS: 4-4386

STATE/FEDERAL STATUTES: CHAPTER 392, F.S.

FLORIDA ADMINISTRATIVE CODE: RULES 33-208.002 AND 33-208.003, F.A.C.

PURPOSE: To provide guidelines for an employee tuberculosis screening and control program for the protection of employees, inmates, offenders, and the general public.

DEFINITIONS:

- (1) **Bacilli Calmette-Guerin (BCG) Vaccination**, where used herein, refers to a vaccine primarily used in third world countries to prevent infants and children who get tuberculosis from progressing to tuberculosis meningitis. It is rarely utilized in the United States.
- (2) **Centers for Disease Control and Prevention Guidelines, MMWR**, where used herein, refers to the health guidelines listed in the Morbidity and Mortality Weekly Report by the Centers for Disease Control and Prevention that are used by the Tuberculosis Program Coordinator to determine risk assessments.
- (3) **Clinical Contract Monitor-Public Health**, where used herein, refers to the employee located in the Office of Health Services in the central office who oversees all Department infection control issues.
- (4) **Comprehensive Health Care Contractor (CHCC)**, where used herein, refers to contracted staff that has been designated by the Department to provide medical, dental, and mental health services at designated institutions within a particular region.
- (5) **Contract Employees**, where used herein, refers to individuals working for the Department who are not state employees.
- (6) **Employee Alpha-run**, where used herein, refers to a computer printout of all individuals employed in a specific facility that is arranged in alphabetical order by personnel. The alpha-run includes each employee's name, age, employee ID, sex, and anniversary date. This alpha-run is used by the Environmental Health and Safety Officer and the Infection Control Nurse to determine which employees are to be tested for tuberculosis during their anniversary month.
- (7) **Environmental Health and Safety Officer**, where used herein, refers to a facility-based Correctional Officer who, by nature of training and experience, is qualified to monitor and evaluate environmental health and safety issues and concerns for institutional staff.
- (8) **Infection Control Nurse**, where used herein, refers to an individual designated by the Senior Registered Nurse Supervisor/Director of Nursing, Chief Health Officer/Institutional Medical Director, or equivalent to oversee the tuberculosis screening and control program at a specific location.
- (9) **Latent Tuberculosis Infection**, where used herein, refers to a condition when an individual is infected with Mycobacterium tuberculosis, but does not yet have tuberculosis disease. A positive Tuberculin Skin Test (TST) indicates latent tuberculosis infection. An individual with latent tuberculosis infections is not infectious and cannot spread TB infection to others.
- (10) **Mantoux Tuberculin Skin Test (TST)**, where used herein, refers to the type of tuberculosis test that is used by the Department to test employees.

- (11) **Mantoux Two-step Method**, where used herein, refers to a pattern of testing used by the Department to identify employees who are infected with tuberculosis at the time of employment.
- (a) A two-step TST is required if the last TST was greater than 12 months ago or the employee has never been tested for TB (i.e., unsure, does not recall, no documentation of prior testing).
 - (b) If the initial test is negative, a second test will be administered 7 to 21 days from the first TST's placement/administration date.
 - (c) If the second test is positive, the employee will be considered infected with tuberculosis prior to employment.
- (12) **Purified Protein Derivative (PPD)**, where used herein, refers to an antigen that is utilized to detect infections with mycobacterium tuberculosis.
- (13) **Regional Infection Control Coordinator**, where used herein, refers to an individual designated to oversee infection control issues for the institutions in her/his region.
- (14) **Screening**, where used herein, refers to interviewing the employee for identification of symptoms and administration of the Mantoux tuberculin skin test (TST), if appropriate.
- (15) **Tuberculosis Disease**, where used herein, refers to an individual who is considered to be infectious and may spread tuberculosis bacteria to others. The individual has active tuberculosis bacteria in her/his body.
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SPECIFIC PROCEDURES:

(1) **EMPLOYEES TO BE TESTED:**

(a) **Introduction – General Information:**

1. It is mandatory for all employees whose duties are expected to bring them into contact with inmates and for contract employees who perform their duties in institutions, to be screened/tested for tuberculosis initially within two weeks of employment, as appropriate and screened/tested annually thereafter. Persons with a history of Bacilli Calmette-Guerin (BCG) vaccinations are to be tested pursuant to this procedure.
2. The initial and annual tuberculosis screening/testing will consist of a questionnaire (completed by all employees) and a TST (tuberculin skin test) for those employees with a negative TST history.
3. Any employee who provides documentation of the following will not be tested, but will be screened initially and annually utilizing the "Tuberculosis Symptoms Questionnaire for Employees," DC4-782B:
 - a. a prior positive skin test for tuberculosis (Mantoux method);
 - b. results documented in mm (results documented only as "Positive" or "Negative" are not acceptable);
 - c. results greater than ten mm; and

- d. the date TST was placed and read on the health care provider's letterhead.
- 4. The following are temporary medical exemptions to the annual TST screening requirement:
 - a. Recently received live vaccine (e.g., MMR, Varivax, Smallpox). The employee must wait four weeks before first TST placement.
NOTE: TST may be placed on the same day that the vaccine is given.
 - b. Recent or current prolonged (weeks) use of prescribed steroids.
 - c. Recent or current treatment with chemotherapy or antirejection drugs.
 - d. History of severe reaction to previous TST. This is not the same as a positive reaction; symptoms may include necrosis, blistering, ulceration, and/or anaphylactic shock.

NOTE: In all cases listed above (sections a. through d.), the employee must bring a signed note (on healthcare provider's letterhead) stating the reason why the employee should not receive a TST at this time and when the employee will be able to have a TST placed (except in the case of section d above).

- 5. Per the Centers for Disease Control and Prevention (CDC), the TST is **NOT** contraindicated for people who are HIV+, pregnant, or who have a history of BCG (Bacilli-Calmette-Guerin) vaccination.

(b) **New Employee – Initial Screening:**

- 1. Correctional Officers:
 - a. For Correctional Officers, initial screening will be done using either the Mantoux one or two-step method by the health care provider within two weeks of employment. At that time, the Correctional Officer will also complete a DC4-782B.
 - b. If the first TST test is negative (i.e., <10mm), the second TST **MUST** be placed within 7 to 21 days after the first TST placement date. If the Correctional Officer reports to the medical department greater than 21 days after the placement date of the first TST, the entire two-step process must be started over (i.e., the first TST must be placed again by the institution's medical department, and the second TST placed 7 to 21 days after the new TST's placement date).
 - c. Officers with a history of a positive TST, by either a one or two-step method, will also report to the medical department at this time to complete a DC4-782B questionnaire form.
- 2. All other New Employees:
 - a. All other new employee screenings will be administered by health services staff as follows:
 - i. If the employee **HAS HAD** a TST placed within the last 12 months (verified by a copy of her/his last TST results in mm's):
 - aa. An initial TST should be administered to one forearm and measured in 48 to 72 hours.
 - bb. A second two-step TST placement is not needed.
 - cc. The employee will complete a DC4-782B questionnaire form.

- dd. Following the reading of the employee's TST, the employee will automatically be scheduled for her/his annual TST (or TST screening questionnaire if TST was positive) in one year.
 - ee. If the new employee is not sure, does not recall, or has no documentation if s/he has had a TST within the last 12 months, the two-step TST procedure should be followed.
 - ii. If an employee **HAS NOT HAD** a TST placed within the last 12 months:
 - aa. A two-step TST placement is required.
 - bb. The employee will complete a DC4-782B questionnaire form.
 - cc. The first TST should be administered to one forearm and measured in 48 to 72 hours. If negative (i.e., <10mm), the second TST must be placed 7 to 21 days post the first TST placement date.
 - dd. Following the reading of the second TST, the employee will automatically be scheduled for her/his annual TST (or TST screening questionnaire if the TST was positive) in one year.
 - b. New employees with a history of a positive TST, will also report to the medical department at this time to complete a DC4-782B questionnaire form.
 - c. The screening/testing will include all employees at institutions. Employees at the regional offices and at the central office who visit institutions in the course of their job duties will also be screened/tested in accordance with this procedure at the institution located nearest to their office.
 - d. Other employees whose duties do not necessarily involve inmate contact will be offered tuberculosis screening upon request. An employee can make arrangements for tuberculosis screening by contacting the assigned major institution.
 - e. Any employee who chooses not to have the testing at the major institution can make her/his own arrangements with a private health care provider or county health department for screening and testing as appropriate. The employee must provide documentation of the screening/testing on the providers' letterhead, dated and signed by the Physician to the Infection Control Nurse and Environmental Health and Safety Officer at the assigned major institution.
3. Contract Employees:
- a. Contract providers will be responsible for screening/testing and any additional follow-up expenses for contract employees. Contract employees must provide documentation of initial and annual screening to the Environmental Health and Safety Officer.
 - b. Contract employees with a history of a positive TST (greater than ten mm) must provide a copy of a screening questionnaire, signed and dated (within the past 12 months) by their health care provider, on letterhead to the Nursing Supervisor/Institutional Director of Nursing.

(c) Annual Anniversary Requirements:

- 1. Annual testing is always conducted during the month of the employee's anniversary date.
- 2. In those facilities/offices without health services staff, the regional coordinator will designate a correctional institution to which each facility is assigned for tuberculosis control purposes.

3. Any employee who reports to health services for screening or testing and refuses to be screened will be referred by the Infection Control Nurse to the Environmental Health and Safety Officer.
 - a. The reason for the referral will be noted on the "Employee Tuberculin Skin Test," DC4-778, on the "Comments" line at the bottom of the page.
 - b. The Environmental Health and Safety Officer will contact the Warden for direction.

(d) **Contact Investigations:**

1. Mandatory testing/screening will be conducted on a Department (*state*) employee after known exposure to an infectious inmate or other employee. Contract providers will be responsible for testing/screening their employees after known exposure to an infectious inmate or other employee.
2. It is mandatory that every employee who meets the Center for Disease Control and Prevention criteria for high-risk for exposure be screened as outlined in this procedure.
 - a. The Office of Health Services will make available information pertaining to tuberculosis prevention and control.
 - b. No employee will be permitted to refuse the tuberculosis screening.
 - c. If an employee attempts to refuse tuberculosis screening, her/his supervisor will adhere to the steps of disciplinary action listed in Rules 33-208.002 and 33-208.003, F.A.C.

(2) **ROLE OF THE ENVIRONMENTAL HEALTH AND SAFETY OFFICER:**

- (a) By the first working day of each month, the local human resources representative will provide the Environmental Health and Safety Officer at each major institution with an employee alpha-run of all current *state* employees including all assigned OPS personnel.
- (b) This list will include all facilities and offices (correctional institutions, work camps, forestry camps, and work release centers).
- (c) The local human resources representative will also provide the Environmental Health and Safety Officer with the name of each new employee and her/his location in writing within one week of the employment start date.
- (d) Contract vendors will need to provide the Environmental Health and Safety Officer with the name of each new employee and her/his location in writing within one week of the employment start date.
- (e) Contract vendors will provide the Environmental Health and Safety Officer with a list of all the current contract employees, by the first working day of each month.
- (f) The Environmental Health and Safety Officer will:
 1. schedule each new employee for tuberculosis screening and testing within two weeks of employment; (All new employees who are administered a Mantoux tuberculin skin test will be screened using the Mantoux two-step method. See section [1][b] for additional information.)

2. schedule repeat screening/testing annually within the employee's anniversary month (per the list described in section [1][c] for additional information);
 - a. the Environmental Health and Safety Officer will provide the Infection Control Nurse with notification of employees due for screening;
 - b. this notification will be due to the Infection Control Nurse by the fifth working day of the month; and
3. provide the Warden, Regional Director, Director of Nursing in Health Services, and the local human resources representative with a list of employees who fail to report for tuberculosis screening, or who failed to return to have the Mantoux tuberculin skin test read during the previous month. A list of employees, including contract employees, who fail to return referral follow-up documentation (e.g., chest x-ray report), will also be provided to the Warden, the Regional Director, and personnel office.

(3) **THE ROLE OF THE INSTITUTION'S INFECTION CONTROL NURSE:** The Infection Control Nurse at each institution will:

- (a) Identify the dates/times that screening will be performed (employee schedules will be taken into consideration whenever possible).
- (b) Maintain a log of all employee screenings on the "Employee Tuberculin Skin Test Log," DC4-520, with results to be secured in a locked cabinet.
- (c) Send a copy of the DC4-520 (without results) to the Environmental Health and Safety Officer at the end of each month.
- (d) Complete the "Employee Tuberculin Skin Testing Report," DC4-520A, monthly and send a copy to the Regional Infection Control Coordinator. Department of Management Services (DMS) contracted facilities will send a copy of this information to the central office Clinical Contract Monitor-Public Health. This report is due by the tenth day of each month, for the previous month.
- (e) Send the original DC4-778 and DC4-782B for each *state* employee screened to the local human resources representative's office to file in the employee's official personnel record file with other medical/health information.
 1. All documentation will be forwarded to the local human resources representative's office using double envelopes.
 2. One sealed envelope will be addressed to the personnel officer, stamped with "Confidential Medical Information," and placed inside another sealed envelope addressed to the personnel officer and stamped with "Confidential Medical Information."
 3. The documentation will be maintained in accordance with retention schedules for personnel medical files.

(4) **ROLE OF THE CHCC REGIONAL INFECTION CONTROL COORDINATOR:** The CHCC Regional Infection Control Coordinator will:

- (a) Provide a monthly regional employee tuberculin skin testing report, on the DC4-520A and send a copy to the central office Clinical Contract Monitor-Public Health, by the tenth day of each month.
- (b) Provide a monthly employee tuberculosis screening/testing compliance percentage rate for each institution to the central office Clinical Contract Monitor-Public Health, by the tenth day of each month.
- (c) Identify employees for contact screening/testing.
- (d) Identify some institutions or areas for more frequent testing. This will be determined by a risk assessment based on the Centers for Disease Control and Prevention Guidelines, MMWR.

(5) **TUBERCULOSIS SCREENING TESTING PROCEDURE:**

- (a) The Mantoux tuberculosis skin test will be placed by intradermal injection, by a trained health care person, usually on the inner left forearm, and will be examined by a trained health care person 48 to 72 hours later for a reaction to the injection.
- (b) The health care person will measure the diameter of the raised (induration) area across the arm and will disregard any redness or bruising.
- (c) The employee will not be asked about her/his HIV status. An employee will be given the “Tuberculosis (TB) Fact Sheet,” NII-028, so s/he can have appropriate follow-up if s/he is in an at-risk group.
- (d) The following information will be used to evaluate the response from the tuberculosis skin test. If the finding is:
 - 1. zero – nine mm: Negative, unless identified as at risk below.
 - 2. ten mm or greater: Positive, indicative of tuberculosis infection.
 - 3. five – nine mm: Positive if employee is at risk due to one or more of the following:
 - a. has had close contact with known tuberculosis case,
 - b. is HIV positive,
 - c. has HIV risk factors, or
 - d. has chest x-ray consistent with past tuberculosis.

NOTE: Any at-risk employee with a one to four mm reading may request to be referred for chest x-ray and other follow-up as needed.

- (e) The Physician, Advanced Practice Registered Nurse, Physician’s Assistant, Registered Nurse, or Licensed Practical Nurse will sign the DC4-778 and provide the employee with a copy of the DC4-778.

- (f) The original DC4-778 and DC4-782B, for *state employees*, will be forwarded to the local human resources representative's office to be filed in the employee's official personnel record file.
- (g) The original DC4-778 and DC4-782B, for *contract employees*, will be maintained by the vendor.
- (h) Employees with negative results will be retested annually or as indicated in the contact surveillance and risk assessment based on Centers for Disease Control and Prevention Guidelines, MMWR.
- (i) Employees with positive TST results will be referred within 72 hours to the Physician or physician group that normally handles workers' compensation injuries. See also section (7)(a).
- (j) The Department will pay the cost of the exam and chest x-ray performed by the Physician, for state employees, if workers' compensation does not pay. The time and travel required for the exam and chest x-ray, for state employees, will be considered as hours worked.
- (k) Within 30 days of the test date, the employee will provide a copy of the follow-up documentation from the Non-Department Physician to the Environmental Health and Safety Officer. **NOTE:** Required for state and contract employees.
- (l) The Environmental Health and Safety Officer will forward the documentation to the local human resources representative's office to be included in the employee's official personnel record file.
- (m) Employees with documentation of a prior positive Mantoux tuberculin skin test or active tuberculosis disease will not be required to undergo skin testing. These employees will be screened for tuberculosis symptoms utilizing the DC4-782B. The DC4-782B will be forwarded to the local human resources representative's office to be included in the employee's official personnel record file. These employees will be entered on the DC4-520 and will be indicated as having a history of a positive TST.
- (n) Employees will not be placed on leave except when symptoms of active tuberculosis disease are present. If symptoms of active tuberculosis disease are present, the employee will be referred to the Environmental Health and Safety Officer who will contact the Office of Human Resources.
 1. The Environmental Health and Safety Officer will request that the employee provide medical documentation of follow-up of symptoms.
 2. The documentation will include information stating that the employee is not infectious or otherwise indicate in the results of tests and/or treatment provided that the employee is not infectious.
 3. The Department of Health will contact the supervisor of the employee diagnosed with active tuberculosis disease to make arrangements to conduct a TB Contact Investigation.

- (o) Where uncommon symptoms such as a productive cough for two weeks or unexplained weight loss are present, a Mantoux tuberculosis skin test screening/test may be offered to an employee. If the employee previously tested positive for tuberculosis, s/he will not be retested and will, instead, be screened for additional symptoms.

(6) **REPORTING:**

- (a) The institution's Infection Control Nurse will report monthly all cases of screening/testing on the DC4-520A, and submit the form to the CHCC Regional Infection Control Coordinator, by the tenth day of each month. DMS contracted facilities will submit this report directly to the central office Clinical Contract Monitor- Public Health, by the tenth day of each month (staff will reference "Identification and Management of Latent Tuberculosis Infection (LTBI) and Tuberculosis Disease," HSB 15.03.18, for reporting requirements on positive cases/suspects.
- (b) The institution's Infection Control Nurse will report all employees identified as a contact to an active pulmonary or laryngeal tuberculosis case, on the "Employee TB Contact Database Worksheet," DC4-776, to the CHCC Regional Infection Control Coordinator, who will send a copy to the Florida Department of Health, Bureau of Communicable Diseases, Tuberculosis Control Section, and to the central office Clinical Contract Monitor-Public Health. DMS contracted facilities Infection Control Nurse will send a copy of this form directly to the central office Clinical Contract Monitor-Public Health.
- (c) The CHCC Regional Infection Control Coordinator will notify the employees identified as a contact to an active pulmonary or laryngeal tuberculosis case, who is no longer employed by certified, return receipt mail.
- (d) DMS contracted facilities Institutional Infection Control Nurse will notify the employees identified as a contact to an active pulmonary or laryngeal tuberculosis case, who is no longer employed by certified, return receipt mail.

(7) **POSITIVE TUBERCULOSIS TEST (INDICATING LATENT TUBERCULOSIS INFECTION) OR SUSPECTED OR DIAGNOSED POSITIVE FOR TUBERCULOSIS DISEASE:**

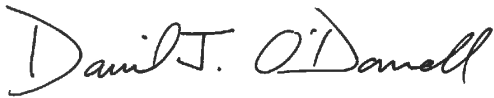
(a) **Positive Skin Test Follow-up:**

1. An employee who has tested positive for tuberculosis (i.e., >10mm TST) will report to the Environmental Health and Safety Officer for referral for further evaluation or treatment by a Non-Department Physician. Documentation of testing will be on the DC4-778.
2. The Environment and Health Safety Officer (EHSO) will complete the necessary contacts and forms in accordance with "Employees' Workers' Compensation Benefits," Procedure 208.006.
3. Documentation will be required by a Non-Department Physician indicating that a chest X-ray and/or appropriate evaluation was performed on the employee, and that the employee is free from active disease or is currently on appropriate treatment and is not infectious.

4. This documentation will be on a report form or stationery with appropriate letterhead and signature and will be due to the Environmental Health and Safety Officer with a copy to the Infection Control Nurse within 30 days of the tuberculosis skin test reading date.

(b) **Symptomatic Employee or Suspect of Active Disease:**

1. The employee will be placed on leave if there is evidence that s/he has active tuberculosis.
2. Any employee who has evidence of active TB disease as determined by a clinician will be placed on leave in accordance with the "Employees' Workers' Compensation Benefits," Procedure 208.006.
3. The Environmental Health and Safety Officer will notify the local human resources representative, the Warden, the Infection Control Nurse, and the employee's supervisor via telephone of the employee's health status.
4. Clearance to return to work must be in written form on appropriate letterhead, stationery, or forms utilized by the county public health department, Non-Department Physician, or workers' compensation Physician as appropriate.



Chief of Staff