

Chief Administrative Office	Date of Issue	Expiration Date	No.
POLICY MEMORANDUM	May 7, 2001	N/A	36
TO: ALL Divisions and Departments	SUBJECT: Tuberculosis Prevention/Exposure/Disease Policy		
SIGNATURE:			
COMMENTS:			

I. General Knowledge

The Lexington-Fayette Urban County Government (LFUCG) is committed to providing a healthy and safe environment for all employees. To be in accordance with the Occupational Safety and Health Act (OSHA) and the Centers for Disease Control and Prevention (CDC) and to protect its employees, the Lexington-Fayette Urban County Government has adopted this tuberculosis policy. All employees are to abide by this policy. It is the duty of each division director to have necessary written policies, procedures, and equipment for their employees.

Tuberculosis bacteria (TB) are highly infectious; however, many cases are latent and never cause illness. TB is treatable and treatment usually works for all but those who have weakened immune systems or unless diagnoses is not made until the final stages of the disease.

The tuberculosis bacteria are carried by airborne particles called droplet nuclei. They spread when a person with an active infection sneezes, coughs, speaks, or sings. The particles may stay airborne for a considerable period of time, spreading throughout a room or building.

The chance of infection is influenced by the probability of coming into contact with an individual with infectious TB, the closeness of the contact, the duration of the contact, the number of tuberculosis bacilli in the air, and the susceptibility of the uninfected individual. Infections usually develop 2 to 10 weeks after an exposure. People at higher risk of getting tuberculosis include those working with homeless people, nursing home residents, prisoners, HIV infected persons, alcoholics, intravenous drug users, and children under the age of four. People who work on HVAC systems in facilities housing the above also have a higher risk.

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II. Prevention

A. Written Procedures

Each Commissioner's Office and Division which has employees that have a high risk of exposure to tuberculosis because of their job duties shall have written procedures for their employees. Divisions who treat citizens/clients medically or have residential facilities shall have written procedures which follow the *NIOSH Recommended Guidelines for Personal Respiratory Protection of Workers Potentially Exposed to Tuberculosis* and the Kentucky Occupational Safety and Health Regulations. The procedures should include methods of rapid identification of transmitters, negative-pressure ventilation for isolation rooms and use of personal protective equipment including respirators.

The use of respirators requires that the division comply with the LFUCG's Respiratory Protection Program, CAO Policy 19. Health Care Facilities must also meet the guidelines in the *NIOSH Respiratory Protection Program In Health Care Facilities Guide*.

B. Baseline TB Tests

All new employees receive a TB skin test as part of their pre-employment physical. The Division of Human Resources is responsible for contracting for the medical facilities which will provide this service.

C. Classifications That Require Regular TB Skin Test.

The Division of Human Resources shall schedule the following employees to receive regular TB skin test at the frequencies shown below. However, initial testing for the Division of Corrections will be a pre-employment screening test and a follow-up test (in the other arm) upon completion of one month of training. The purpose for such testing is to ensure that the new corrections officers did not have exposures previously which gave them TB infection prior to coming to the LFUCG and for the protection of the corrections officer and the inmates. This test should be given and read before new officers have one-on-one contact with the inmates. Human Resources will contract for all pre-employment and routine testing for tuberculosis.

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<u>Division</u>	<u>Position</u>	<u>Frequency</u>
Adult Services	All Adult Services Personnel	Every 6 mo.
Building Maintenance And Construction	HVAC personnel	Annual
Code Enforcement	All Code Enforcement Personnel	Annual
Community Corrections	All Community Correction Personnel	Every 4 mo.
Family Services	All Family Services Personnel	Annual
Fire & Emergency Services	Sworn Fire Personnel	Every 6 mo.
Mayor's Training Center	All Mayor's Training Center Personnel	Annual
Police	Sworn Police Personnel	Annual
Youth Services	All Youth Services Personnel	Annual

D. Medical Facilities Used for Routine TB Testing

The Division of Human Resources will have contracts with medical facilities to provide routine TB testing. The current facilities under contract are listed in Appendix A.

III. Exposure

Infection with Tuberculosis (TB) begins when droplets containing viable organisms are inhaled and/or ingested by a person susceptible to TB. These droplets can become airborne when a person with active TB coughs or sneezes. Commonly, exposure to TB results from contact with moist saliva or phlegm, which contains viable tubercle bacillus. Moisture is the critical factor; once the droplets dehydrate, the organisms are no longer viable and TB can not be contracted.

When viable organisms which carry TB reach the lungs, they are ingested by macrophages, a part of the body's defense mechanism, and either die or persist and multiply. Typically, the body's immune system is successful in fighting off the disease although sometimes the immune response is inadequate and progressive primary TB develops.

A. Cases Where Test Results Had Been Negative and Become Positive

1. If an individual who has had negative results on TB skin tests becomes positive, the individual should be given an x-ray by the medical facility reading the positive results. The employee should report the positive reaction to his/her supervisor. An incident report and IA1 shall be completed and submitted to Risk Management within 24 hours of the report or the next business day.
2. Because it is recognized that those individuals in high risk situations may not always be aware of their exposures to tubercle bacteria since the bacteria are carried by the air, it will be assumed unless proven otherwise, that the tuberculosis was contacted because of work requirements. This applies only to those employees who have a high risk as indicated in section IIC of this policy. Medical cost will be the responsibility of the LFUCG's self-insurance fund administered by Risk Management.

B. Testing For Those Who Have Positive Skin Tests

1. The Division of Human Resources will have the medical facilities testing tuberculosis administer chest x-rays or use other techniques to determine if the disease is developing further during the normal routine and scheduled testing.
2. If an employee started in their position with a negative TB skin test, then has a positive TB skin test, and develops one or more symptoms for TB, the individual should report to the medical facility of their choice for screening. If disease has developed, the individual should notify Risk Management immediately and provide all the facts necessary to determine the compensability of the illness. If an individual will be off work because they are contagious, they will receive workers' compensation and disability leave (if needed) as it applies to work place related injuries or illnesses.

3. If an individual has a positive TB skin test upon hiring and unless they have had a proven on the job exposure, development of TB disease will be considered as a personal illness.

C. Job Exposures To Individuals With Active TB

In situations where an employee suspects or knows that they have come in contact with an individual who is an active carrier of TB, the following procedures apply.

1. The exposed employee shall immediately notify his/her direct supervisor. The supervisor should then document the incident and notify their division director. The supervisor will complete an Incident Investigation Report (SP302) and A First Report of Injury Form (IA1) and submit the same to the Division of Risk Management within 24 hours of initial report of loss. Applicable Human Resource forms must also be filed with the Division of Human Resources.
2. Any employee who have been exposed and has not had a baseline TB skin test or those employees who previously has had a negative skin test result, should report to the facility of their choice to receive a TB skin test. This should be done as quickly as possible, but in no case is over 72 hours acceptable.
3. If an exposure occurs in an employee who has previously had a positive TB skin test, but who in the past, has not had symptoms of TB, that individual should report to the facility of their choice for TB screening. Depending on the results of the exam, the individual may be placed in a high-risk category by the Medical Authority. If this is done, then the individual should be monitored for symptoms of TB. These symptoms include: persistent cough, unexplained weight loss, chronic hoarseness, chest pains, and spitting blood. The consulting physician will make a determination as to the duration of the high-risk period. The individual shall closely follow any schedule of testing given by the physician.
4. If an individual having an exposure has had a positive TB skin test and/or develops one (1) or more symptoms, then that individual should report to the doctor handling their workers' compensation claim. The doctor should evaluate the individual for active disease.
5. If an individual has developed an active case of job related tuberculosis, a treatment plan will be developed. The individual is expected to follow the

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plan for the disease to continued to be covered under workers' compensation.

6. If a TB skin test is administered as a result of a possible exposure, follow up tests should be done at the end of six weeks and three months to determine if the individual has become positive for tuberculosis. Additional follow up will be decided upon by the consulting physician.
7. An individual who has two (2) TB skin tests which are negative following an exposure, shall return to the regular testing schedule (if any) as defined by his/her job classification.
8. If in the future, as a result of a documented new and/or past exposure, or work related activities involving possible exposure, an employee develops symptoms of TB, they should notify their supervisor and again go through the screening process.

IV. Diagnosis

The TB skin test identifies individuals who have been infected at some time with TB but does not distinguish between current disease and past infection. In the test a purified protein derivative is injected beneath the skin of the forearm using a tuberculin syringe. The size of skin test site is then recorded after 48-72 hours. The reaction is then measured and interpreted by individuals who are experienced with the test. Two important principles should be remembered: 1) a negative reaction does not rule out the diagnosis of TB; and 2) the larger the reaction, the greater the likelihood of infection due to TB. The injections and reading of the test results should be done by qualified medical personnel.

V. Treatment

Patients with suspected or documented active TB will be treated in accordance with standard protocol as prescribed by the consulting physician. Isoniazid and Rifampin are two antituberculous drugs that have been used successfully in treating 98% or more of the TB strains. Patients who are at risk for infection with resistant strains of TB or do not respond to therapy may receive a three or more drug therapy. Typically, the treatment last for six to nine months, but may be of longer duration if such is deemed necessary by the physician. **The importance of following the treatment plan can not be overemphasized, as non-compliance is a major problem in the spread of tuberculosis.** The physician will determine the exact medical treatment to use and will determine when the employee is not infectious to others and may return to work (generally, three or four weeks).

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VI. Training

All new employees in the divisions listed in Section IIC will receive tuberculosis training. The original tuberculosis training will be the responsibility of Risk Management. Initial training shall include:

- General hazards of tuberculosis
- Identifying hazards
- Risk assessment
- Protection against hazards
- Engineering practices
- Safety measures
- Infectious disease procedures
- The LFUCG Tuberculosis Policy
- The division's policy, procedures, and engineering controls.

All employees in the divisions listed in Section IIC will receive annual training updates regarding tuberculosis. The divisions are responsible for planning and implementing this training. Both Risk Management and Human Resources will assist as necessary.

VII. Recordkeeping

The Division of Human Resources will be responsible for keeping records relating to regular TB testing of employees. At the least this will include all testing and dates of training, disability leave request forms, and any other documentation that is deemed necessary by Human Resources.

The Division of Risk Management will be responsible for maintaining all incident reports, workers' compensation reports, medical reports, time away from work and other records as needed for claims.

Medical records concerning TB skin results, medical evaluation, and treatment shall be made accessible to employees. Normal requesting procedures should be followed when requesting such from Human Resources or Risk Management.

For OSHA Recordkeeping purposes, both tuberculosis infection (positive TB test results after negative ones) and tuberculosis disease are recordable. The Insurance

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Coordinator is responsible for correctly logging such on the OSHA Form 200 and the individual's supervisor is responsible for completing the SP302S. The insurance coordinator types the SP 302 information. The SP302 should be received in the Division of Risk Management within 3 days of being informed of infection or disease.

In high risk settings, on positive skin test after a negative one, there is a presumption by Occupational Safety and Health that it is work-related in these settings unless there is clear documentation that an outside exposure occurred. When tuberculosis infection leads to tuberculosis disease, the original entry for infection shall be updated to reflect the new information. If 5 years has passed since the infection was on the log, a new entry should be made.

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APPENDIX A

CONTRACTS

The following locations are under contract to provide routine testing for tuberculosis:

UTC/North Park

1489 Boardwalk

Lexington, KY. 40511

8 a.m. - 8 p.m. Monday – Friday

8 a.m. - 6 p.m. Saturday

UTC/Lansdowne

1055 Dove Run Road

Lexington, KY 40511

8 a.m. - 10 p.m. Monday – Saturday

UTC/Park Hills

3174 Cluster Drive

Lexington, KY 40517

8 a.m. - 8 p.m. Monday – Friday

8 a.m. - 6 p.m. Saturday

AOHS (UTC)

1065 Newtown Pike

Lexington, KY 40511

8 a.m. - Noon; 1 p.m. - 5 p.m. Monday – Friday

OTHER

Fayette County Health Department

Tuberculosis Control

650 Newtown Pike

Lexington, KY 40508

The Health Department provides free tuberculosis services.