

California Department of Corrections and Rehabilitation

On-the-Job Training (OJT) Module



Tuberculosis Testing

BET ID: 11053516

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TUBERCULOSIS

Tuberculosis (TB) is an illness caused by bacteria called *Mycobacterium TB*. Like the common cold, it is spread from person to person through the air, by tiny particles called *droplet nuclei*, which contain the mycobacteria. Droplet nuclei are formed when individuals with pulmonary (lung) or laryngeal (voice-box) TB cough, sneeze, talk, shout, sing, or even breathe. The susceptible individuals inhale the droplet nuclei, and if the mycobacteria survive the body's defenses, infection occurs. Some factors that increase transmission are:

- The infectious patient has active TB disease in the lungs or larynx, or draining wounds and the bacteria get into the air and become contagious. However, when the disease is not in the lungs or larynx but in the bones or body organs, the mycobacteria cannot become airborne and cannot be transmitted to others.
- The infectious patient does not cover the mouth and nose when coughing or sneezing.
- The infectious patient's sputum (mucus coughed up from the lungs) has a high concentration of mycobacteria. These bacteria are examined under a microscope (a test known as a *sputum smear*, or *smear for Acid Fast Bacilli*).
- Extended duration of exposure: time spent in an airspace that has numerous infected droplet nuclei; or extended time spent sharing airspace with the infectious patient.
- Exposure occurs in small, enclosed, indoor spaces. Sunlight that contains ultraviolet light, destroys the mycobacteria.
- Exposure occurs when in a room with inadequate ventilation and/or re-circulation of air, where the infectious patient has also spent some time.
- The susceptible or exposed person has a weakened immune system (from diabetes, cancer, Human Immunodeficiency Virus, long term steroid use, etc.) .

TB INFECTION

TB infection is a condition where TB bacteria are present in the body without causing clinical disease. The TB infection occurs when a susceptible host inhales droplet nuclei containing the mycobacteria. The droplet nuclei pass through the nose and throat and into the lungs. This triggers an immune response and the body's immune system will generally limit the multiplication and spread of mycobacteria. The mycobacteria are contained in "pockets" by the body's natural immune system. The bacteria become dormant, and the person is termed to have *Latent TB Infection*.

LTB infection can be identified by the following characteristics:

- Cannot be transmitted to others.
- No symptoms of TB disease.
- Normal chest x-ray.

Learning Objective #1: You will be able to identify four symptoms of active tuberculosis.

TB DISEASE

Living TB bacteria in the body that are actively growing and multiplying, causing tissue or organ damage in the host, causes TB disease. The damage usually begins in the lungs but can spread to any body organ, and can result in death if left untreated. Symptoms include:

- Chronic cough.
- Unexplained weight loss.
- Persistent unexplained fatigue.
- Persistent recurrent night sweats and/or fever.

CONCERN FOR TB IN CORRECTIONAL FACILITIES

Persons living or working within correctional facilities have a higher risk for contracting TB infection or disease, often because of overcrowding and poor ventilation. There is also a disproportionate predominance of inmates who have TB infection. These inmates have acquired TB infection due to risk factors and life styles prior to incarceration that have included:

- Injection drug use.
- Substance abuse.
- Lower socioeconomic status, where often multiple conditions have led to poor health.
- Poor access to health care.
- Homeless conditions.
- Poor health and self-care habits.

In addition, inmates frequently have had unhealthy lifestyles that have caused other coexistent chronic medical conditions. Some of these conditions that increase the risk of progressing from TB infection to TB disease include:

- Chronic renal failure.
- Diabetes mellitus.
- Conditions causing malnutrition.
- Conditions or medications suppressing the body's immune system such as (but not limited to) Human Immunodeficiency Virus (HIV), malignant tumors, or steroids.

For these reasons, the California Legislature enacted mandates requiring the Annual TB Skin Test (TST)/Evaluation Program in the California Department of Corrections and Rehabilitation for both employees and inmates.

Learning Objective #2: You will be able to identify three requirements for (TB skin test) TST/evaluation for Department of Corrections and Rehabilitation employees as stated in Penal Code Sections 6007-6009.

- **Penal Code Sections 6007-6009 requires that all California Department of Corrections and Rehabilitation employees be screened before starting employment, as medically necessary (e.g., if ill or if identified as a contact sharing airspace with a patient with TB disease), and annually. Employees must be certified to be free of infectious TB as a condition of employment. Non-adverse action to terminate employment can occur if this condition of employment is not met.**
- **Penal Code Sections 7570-7576 requires that all California Department of Corrections and Rehabilitation inmates shall be tested and evaluated for TB upon incarceration, if medically necessary, (e.g. if ill or if identified as a contact sharing airspace with a patient with TB disease), and at least annually thereafter.**

TB PREVENTION AND CONTROL

Breaking the chain of transmission of TB from person-to-person is the only means of preventing outbreaks of TB disease. Although TB disease may not be completely eliminated within California Department of Corrections and Rehabilitation until the community becomes TB-free, a reduction in transmission is achievable.

When TB disease is suspected, it is important to immediately place the person into respiratory isolation, initiate treatment and identify contacts as quickly as possible.

The most effective method of controlling TB in correctional facilities is to implement Testing, Tracking and Treating as elements of a successful TB control program.

Testing for TB Infection and TB Disease

All institutions have programs in place for:

- Early identification of suspected and verified patients with TB disease and latent TB infection.
- Respiratory isolation.
- Treatment of persons with latent TB infection.
- Treatment of persons with TB disease.
- Tracking of persons who have been in recent contact with patients with suspected or confirmed TB disease.

The screening method used to identify TB infection and TB disease in all inmates and staff, is a clinical evaluation for TB signs and symptoms and a TST. This screening helps prevent TB disease transmission by allowing early identification and prompt treatment of persons found to have latent TB infection or TB disease. This is crucial to prevent TB disease transmission to new inmate admissions, to the resident inmate population, to the California Department of Corrections and Rehabilitation employees, and to the communities where inmates and staff reside.

Inmates receive TSTs and evaluations for signs and symptoms of TB during:

- Intake evaluations at reception centers.
- The annual TST/Evaluation Program.
- Transfer from one institution to another, after arrival at the new facility
- The return evaluation after "out to court." If an inmate is away from California Department of Corrections and Rehabilitation more than three days, an evaluation for TB signs and symptoms is done. Re-evaluation with a repeat TST (if previously insignificant) or evaluation and chest x-ray if indicated, is done ten to twelve weeks from the date the inmate originally left California Department of Corrections and Rehabilitation for the court.
- Evaluation if medically indicated by signs and symptoms of TB disease
- Evaluation after exposure to a patient with suspected or confirmed TB disease of the lungs or larynx.

Note: Inmates with Human Immunodeficiency Virus infection receive a chest x-ray as part of the initial reception center screening, and periodically as their health needs require, regardless of TST reaction.

All candidates for California Department of Corrections and Rehabilitation employment must provide documented proof showing that they are free of infectious TB, as certified by a physician or his or her designee. All California Department of Corrections and Rehabilitation employees receive TST and clinical evaluation for TB signs and symptoms under the following conditions:

- At least annually.
- If identified as being a *close contact* or sharing airspace with a patient identified with suspected or confirmed TB disease of the lungs or larynx (in a *contact investigation*).

Tracking TB Infection and TB Disease

Tracking of persons with TB infection and TB disease is a means of providing ongoing information on how effectively the TB control program is working. It is also a means to ensure continuity of care and to ensure treatment completion for inmates, always at high risk for TB disease, who continually move through various correctional systems and communities. One method the California Department of Corrections and Rehabilitation uses to track these inmates is a computerized transportation system, the *Inmate TB Alert System*. The Inmate TB Alert System uses a two digit numerical code, the TB Alert

Code. This code helps to identify the inmate's TB status to ensure appropriate precautionary measures are taken when transporting inmates.

Tracking also includes prompt reporting of all patients with suspected and diagnosed TB disease. Identified suspects and cases must be reported within one working day to the local county health department, and to the Division of Correctional Health Care Services. Failure to accomplish reporting in this one-day time frame may result in monetary fines under California Code of Regulations, Title 16 Division 13, Sections 1364.10, 1364.11 and 1364.15. The rate of TB infection and cases of active TB disease are summarized in California Department of Corrections and Rehabilitation by the Division of Correctional Health Care Services. The local county health officers summarize TB cases in the counties of California. All are reported annually, as mandated by law, to the California State Department of Health Services and to the California State Legislature.

TREATMENT OF TB INFECTION AND TB DISEASE

Treatment of Latent TB Infection

TB infection or latent TB infection can stop being dormant, become active and become invasive, at any time during a person's lifetime. However, this is most likely to occur within the first two years after infection or if a person becomes weakened by various conditions. Medication to prevent this reactivation of latent TB infection greatly reduces the risk of developing TB disease in infected persons. All persons who have a significant TST and were previously untreated for latent TB infection and those with certain conditions should be offered treatment to prevent TB disease. Preventive therapy for latent TB infection usually consists of one drug, typically Isoniazid, given daily or two-to-three times a week, continuing for six-to-twelve months. Vitamin B6 is also given to prevent certain Isoniazid side effects. This medication is processed through the liver, and thus laboratory testing for liver disease is performed before its initiation and periodically throughout the treatment of the latent TB infection. If there are no other medical contraindications, treatment must not be interrupted during the entire treatment period.

Treatment of TB Suspects

A *TB suspect* is a person with TB infection who has signs and symptoms of TB disease, an abnormal chest x-ray, or whose immune system is weakened and has clinical signs of TB disease. The TB suspect will be put into respiratory isolation until medical evaluation is completed. These suspects will be reported within one working day to the local county health officers, and to the Division of Correctional Health Care Services. Patients with active Tuberculosis should be tested for immunodeficient virus (HIV).

Bacillus Calmette-Guerin (BCG)Vaccine

Bacillus Calmette-Guerin is a vaccine widely used in high-prevalence areas around the world to prevent TB disease. The use of Bacillus Calmette-Guerin is not recommended in the United States, except in certain specific categories of infants and children. The Bacillus Calmette-Guerin vaccination does not prevent TB transmission or pulmonary disease, but may be effective in reducing progression of the disease. The TST may become significant because of Bacillus Calmette-Guerin vaccination, but this reaction wanes with time, and is questionable even one year after vaccination. Employees and inmates who have received Bacillus Calmette-Guerin over a year ago will receive a TST as recommended by the Centers for Disease Control and Prevention and as mandated by law. A

significant TST will then be considered evidence of mycobacterium exposure and infection, as per the California Department of Health Services and California TB Controllers Association *Joint Guidelines for TB Treatment and Control in California* and the most current version of the *California Department of Corrections and Rehabilitation TB Guidelines*.

Learning Objective #3: You will be able to identify six measures used for preventing transmission of TB to others during the period of TB infectivity.

Treatment of TB Disease

All persons suspected or diagnosed with TB disease must be housed in respiratory isolation until non-infectious. Although treatment will take six or more months, a patient usually becomes non-infectious after the first few weeks of appropriate treatment, allowing them to resume their usual activities and return to the general population.

The primary measures for preventing transmission of TB to others during the period of TB infectivity are:

- Safe transportation of the person with suspected or confirmed TB disease.
- Respiratory isolation of the infectious individual.
- Initiation of anti-TB medication.
- Initiation of a *contact investigation*.
- Close contacts to a person with suspected or confirmed TB are offered preventive medication.
- Education about the signs, symptoms, prevention, transmission, treatment and in general about TB infection and disease is given to all involved persons.

Compliance with drug therapy must be ensured. This is accomplished for inmates through the use of Directly Observed Therapy. This requires administration of the medications by appropriately licensed healthcare staff, observation of the medications being swallowed, and a visual check inside the inmate's mouth to verify the medication was swallowed.

The goal of treatment for TB disease is to provide the safest, most effective therapy in the shortest period of time. At least two or three weeks of drug therapy is usually required to get TB disease under control and render the patient non-infectious. While infectious, persons (inmate or staff) must not return to work, to their usual activities, or to the general population. When a person is determined to be non-infectious by treatment as judged by their medical provider, (usually within two or three weeks) he or she may return to their normal activities. The person **must continue to take medications regularly for the full course of six to twelve months until treatment is completed to prevent resistance to the medication**. It is imperative that the medications are taken exactly as prescribed and that the **treatment not be interrupted**. Inconsistent or incomplete therapy is the primary reason that mycobacteria become resistant and then are unable to be killed by the usual TB medications. These resistant bacteria then cause further damage and become fatal, and are able to be transmitted to others.

Large multi-drug resistant TB outbreaks, initially in the New York correctional system in the early 1990's, were the basis for over two-thirds of the multi-drug resistant cases reported in the United States.

Learning Objective #4: You will be able to identify three purposes of the Department of Corrections and Rehabilitation inmate TB Alert System.

INMATE TB ALERT SYSTEM

The inmate TB Alert System is a critical component of California Department of Corrections and Rehabilitation overall effort to identify an inmate's TB status and to control TB within California Department of Corrections and Rehabilitation. The objective of the inmate TB Alert System Code is to ensure that inmates with unknown or questionable TB status are transported appropriately. While the details of the medical TB status are documented in an inmate's unit health record, his or her TB transportation status is found in the Distributed Data Processing System database. The TB transportation status is identified by a two-digit "alert" code that indicates whether the TST of the inmate is significant, if the inmate is receiving medication, and whether the inmate has TB infection or suspected or confirmed TB disease. Employees responsible for transporting inmates must check the two-digit TB Alert Code to be sure that inmates are moved only after taking proper respiratory precautions, if needed. The TB Alert Code transportation system is NOT the system used outside of the California Department of Corrections. The TB Alert Code system should not be used on medical transfer information for inmates leaving California Department of Corrections and Rehabilitation. Note: the codes have had a new addition of "23" and slight modifications to their descriptions. The new codes are included in this booklet.

To summarize, the purpose of the Inmate TB Alert System is to provide ongoing information on how effectively the TB control program is working. It is also a means to ensure:

- Continuity of care of inmates with TB.
- Treatment completion for inmates, always at high risk for TB disease.
- Identification of an inmate's TB status so that staff during transport takes appropriate precautionary measures.

TB ALERT CODES

CODE	TB STATUS	TRANSPORTATION
Code 00 (Blank)	TST Status Unknown: Arriving with no documentation even if stating TST positive. Can wait 24 hours to access previous TST. Also used for annual testing or contact investigation. Change within 72 hours.	Do Not Transport
Code 11	TST Test Performed/ Status Unknown Not on TB Medication Received TST; not interpreted yet. If symptomatic for TB disease, inmates shall be labeled "Code 31" and placed into respiratory isolation as TB suspects. Change within 72 hours.	<u>Limit Transport</u> <u>May Need Respiratory</u> Precautions
Code 21	PPD Test Result <u>Significant</u> (Positive) Inmate Under Diagnosis Not on TB Medication Until all diagnostic procedures are complete, not to exceed two months. If symptomatic for TB disease, inmates shall be labeled "Code 31" and placed into respiratory isolation as TB suspects. Can also use "Code 21" for contact investigations; until thorough evaluation, including CXRs, are done	<u>Limit Transport</u> <u>May Need Respiratory</u> Precautions
Code 22	TST Test Result <u>Insignificant</u> (Negative) Not on TB Medication	Use Regular Transportation
<u>Code 23</u> <u>New;</u> <u>identifies TB</u> <u>contacts</u>	<u>TST Result not Significant (Negative)</u> <u>Not Infectious; on TB Medications</u> <u>May need repeat TST when meds are complete (usually two months)</u>	Use Regular Transportation
Code 31	Suspected or Confirmed Active TB Disease Possibly Infectious May or May Not be on TB Medications	Use Special Transportation & Respiratory Precautions
Code 32	TST Test Result <u>Significant</u> (Positive) Prior Infection Currently Not Infectious NOT on TB Medications	Use Regular Transportation
Code 33	TB Infection Or Exposure to TB Infection Not Infectious On TB Medications	Use Regular Transportation
Code 34	TB Infected, Not Infectious TB Medications Prescribed Refused or contraindicated.	Use Regular Transportation
Code 43	TB Disease, Not Infectious On Multiple TB Medications Remains "Code 43" throughout the treatment period for TB disease. Upon completion of treatment, change to "Code 32."	Use Regular Transportation
Code 51	MDR-TB Infection, Active Disease, Infectious On TB Medications When non-infectious becomes "Code 53" for the remainder of the treatment period.	Use Special Transportation & Respiratory Precautions
Code 52	MDR-TB, Prior History, Treated, Not Infectious Not on TB Medications	Use Regular Transportation
Code 53	MDR-TB, Active Disease, Not Infectious On Medication	Use Regular Transportation

Learning Objective #5: You will be able to identify the critical indicator of a significant TB skin test (TST).

ANNUAL EMPLOYEE AND INMATE TST/EVALUATION PROGRAM

The California Department of Corrections and Rehabilitation is committed to providing a safe working environment, including maintaining the health and safety of its employees. The TB Control Guidelines and annual employee TST/evaluation program provide standardized policies and procedures for exposure prevention activities, the early identification of TB infection, and prompt diagnosis and treatment of TB disease.

The Health Care Manager and Warden at each facility and the Regional Parole Administrator in each parole region are responsible for implementing the annual employee and inmate TST/evaluation program. A TB Coordinator is designated at each facility and Parole Region to plan and coordinate the annual employee and inmate TST/evaluation program. A multidisciplinary team will share the following tasks for the employee program:

- Conducting the annual TST/evaluation program at no cost to employees.
- Notifying the In-Service Training Manager of the testing dates, so that annual employee TB training may be coordinated with the annual TST/Evaluation Program.
- Notifying employees within their jurisdiction about the annual TST/Evaluation schedule (e-mail, fact sheets, posters or flyers included with paychecks).
- Referring employee to the Health and Safety Officer or Return to Work Coordinator, for details on the Workers' Compensation program used to provide evaluation and further follow-up, if necessary.
- Notifying the Health Care Manager and Warden of those employees who are non-compliant.

Employees may elect to have their own healthcare provider conduct the TST/Evaluation and provide written documentation that the employee is free of infectious TB (at no cost to California Department of Corrections and Rehabilitation).

- *Employees are responsible for providing the necessary forms (CDC 7336 and 7354 or CDC Form 7336 Rev 10/02) to their healthcare provider for this certification.*
- *The forms can be obtained from the TB Coordinator at their institution, parole region, or other TB coordinator.*
- *An employee who does not provide these specific forms properly completed with complete documentation of the TST/Evaluation is subject to non-disciplinary dismissal from California Department of Corrections and Rehabilitation for failure to meet required conditions of employment.*

Employee with An Insignificant TST

An insignificant TST result occurs when the TST site is smooth with no palpable firm, raised area (induration). **Redness should be noted but redness does not indicate a significant TST result.** An insignificant TST may indicate the absence of TB infection, or may indicate that the immune system is suppressed. A person with an insignificant TST will continue to receive TST/Evaluations as long as they are employed by California Department of Corrections and Rehabilitation.

Employee with a Significant TST

A significant TST result occurs when measured within 48 to 72 hours the TST site is:

- A firm and raised area (**induration**) of a certain size as judged by a licensed health professional. Note that an area of redness does not denote a significant TST.

It does not mean that TB disease is present, although it is an indication that the person must be evaluated for possible TB disease. Inmates receive physical examinations, chest x-rays, and laboratory testing; employees will be referred to the Worker's Compensation provider for evaluations. Procedures recommended by the Centers for Disease Control and Prevention include:

- A chest x-ray within 72 hours for persons with a newly significant TST.
- Evaluation for TB signs and symptoms such as cough, fatigue, night sweats, fever, chest pain or weight loss. If symptoms of TB disease and a significant TST are present, the person should be promptly placed into respiratory isolation.
- Sputum smears and cultures on sequential days will be obtained for persons in whom the chest x-ray is considered consistent with TB disease.
- Treatment for suspected or active cases of TB disease should begin immediately, while diagnosis is still being performed. Treatment should not be withheld while waiting for laboratory confirmation of disease.

MULTI-DRUG RESISTANT TB

The Multi-Drug Resistant TB diseased patient presents healthcare staff with a very serious treatment problem. The mycobacteria are termed "Multi-Drug Resistant" when some or all of the primary anti-TB drugs fail to kill the bacteria when tested in a laboratory. Treatment of Multi-Drug Resistant TB patients is complex and requires expert consultation. There have been no reports of Multi-Drug Resistant TB newly occurring within California Department of Corrections and Rehabilitation.

RESPIRATORY PROTECTION

Environments in correctional facilities are conducive to the spread of TB, as many facilities are older structures with inadequate ventilation systems. There is overcrowding compounded by the constant movement within and between the correctional county jails and state facilities. A potential for transmission exists whenever a person with infectious TB shares air space with someone who is susceptible to infection. It is important for all employees working in this high-risk environment and coming into daily contact with high-risk inmates, to utilize universal precautions, safe work practices, and proper personal protective equipment.

When staff must be in air-shared space with a person with suspected or confirmed TB disease, their personal protective equipment should include an N-95 respirator. The "N-95" designation refers to filtering ability for 95% of TB bacteria when infected air is inhaled. Federal and California Office of Safety and Health Administration requirements have mandated the use of N-95 properly fit respirators. This personal protective equipment should be used in each of the following situations:

- Entering respiratory isolation rooms in which infectious patients are housed.
- Transporting patients with suspected or confirmed TB, especially in enclosed vehicles. Windows shall be opened if possible, and the patient is to wear a **surgical mask** over the nose and mouth to help prevent droplets from being released into the shared airspace. **The patient should not wear an N-95 respirator as this is designed to prevent bacteria from getting in, not from getting out.**
- During cough-inducing or aerosol-generating procedures performed on patients with suspected or confirmed TB, or during treatment of Human Immunodeficiency Virus disease with pentamidine.
- Entering booths or rooms where cough-inducing or aerosol-generating procedures were performed on patients with suspected or confirmed TB, until the filters have had sufficient time elapsed to eliminate at least 99% of the air.

OCCUPATIONAL EXPOSURE INCIDENT

An exposure incident occurs when airspace is shared with a case of infectious pulmonary TB, without the benefit of exposure control protection. In actuality, the majority of transmission probably occurs from persons not yet identified as TB-diseased. Typical situations with potential for exposure are when an employee is confined in a closed area, such as within a vehicle transporting an inmate with suspected or confirmed active TB disease, or within a room housing an active TB case, for long periods of time. There have been no verified studies to indicate what specific period of time or type of exposure is most likely to cause transmission of the mycobacteria and thus to produce TB infection.

Evaluation of an Exposure Incident

Healthcare staff will consider the following factors when evaluating an exposure incident:

- The infectiousness of the patient with suspected or confirmed TB.
- The proximity of the employee to the patient with active TB disease.
- The length of time the employee was exposed to the patient with active TB disease or was in an area where the patient with active TB disease had been housed, visited or transported.
- The ventilation of the room in which airspace was shared.
- The medical conditions, if known, likely to make the individual more susceptible to TB infection.

CONTACT INVESTIGATION

The purpose of a contact investigation is to identify, evaluate, and treat all individuals who may have been exposed to an inmate-patient with TB disease. Additionally, recently infected individuals will be identified and scheduled for evaluation and/or treatment. The contact investigation will be completed following an exposure incident, and as soon as possible after identification of a source case. Employees will be referred to the Workers' Compensation Program for determination if chest x-rays, laboratory testing, or medications are necessary.

The list of exposed close circle inmates will be evaluated and tested within one week after identification of the patient with suspected or confirmed TB disease. Due to required interviews, lab testing and chest x-rays for inmate-patients, it is best to close the building where the inmate-patient with suspected or confirmed TB disease is housed. This is easier than attempting to track inmates who are continually going to work or are being transferred. This closure involves an immediate team meeting with the Warden, the representatives from the California Correctional Peace Officers Association, the Health Care Manager, Chief Medical Officer, and appropriate custody and healthcare supervisory staff. Notification to the Chief Medical Officer, must be done regarding the team decision to close the facility. If necessary, the Chief Medical Officer, in conjunction with the Director of the Division of Correctional Health Care Services and Institutions, can effect closure of the entire institution for the time necessary to complete diagnostic evaluation of the circle of patients.

Employees or inmates found to have a insignificant TST, will be re-tested in ten to twelve weeks; and all employees or inmates, regardless of TST reaction, will again be evaluated at that time for signs and symptoms of TB disease.

Learning Objective #6: You will be able to identify the four steps for treatment when an employee converts from an insignificant to a significant tuberculin skin test (TST).

WORKERS' COMPENSATION PROGRAM

If an exposed employee's TST converts from a previously insignificant reaction to a significant reaction, the employee will be referred to the Health and Safety Officer or Return to Work Coordinator who will describe the Workers' Compensation program. Through Workers' Compensation, the employee may receive an evaluation for TB, a chest x-ray, and preventive treatment if medically indicated. If the chest x-ray indicates the possibility of active disease, the employee will receive a complete medical evaluation, diagnostic laboratory tests and treatment for TB disease, if appropriate. Any employee who has a TST conversion from insignificant to significant, and any employee, who develops active TB disease, must be recorded in the OSHA Log 300 as maintained by the institutional Health and Safety Officer or Return to Work Coordinator.

The cost of anti-TB medications and other medical expenses beyond the chest x-ray are the responsibility of the Workers' Compensation program, if the exposure is determined to be work related. To initiate a Worker's Compensation claim the employee may file the Employee's Claim for Workers' Compensation, on the State Compensation Insurance Fund form 3301. The employee's supervisor will file a "first report of injury" form, SCIF 3067, and follow the guidelines, policies and procedures of the Workers' Compensation program for work-related incidents.

To summarize, the following steps provide information to assist the employee in filing a claim for Workers' Compensation when an employee converts from an insignificant to a significant TST.

- Employee will be referred to the Health and Safety Officer or Return to Work Coordinator who will describe the Workers' Compensation program.
- Through Workers' Compensation, the employee may receive an evaluation for TB, a chest x-ray, and preventive treatment if medically indicated.
- If the chest x-ray indicates the possibility of active disease, the employee will receive a complete medical evaluation, diagnostic laboratory tests and treatment for TB disease, if appropriate.
- The employee may file the Employee's Claim for Workers' Compensation, on the State Compensation Insurance Fund form 3301.

References:

1. Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report (MMWR) Targeted Tuberculin Testing and Treatment of Latent TB Infection. June 9, 2000/Vol.49/No. RR-6.
2. Annual Institutional Employee TST/Evaluation Requirements for fiscal year 2003-2004. (Memo)
3. Penal Code, Sections 6006-6009.
4. Federal Register 10-17-97 Vol.62, No. 201. Department of Health and Human Services. 42 Code of Federal Regulations (CFR) Part 84. National Institute for Occupational Safety and Health; Certification of Respiratory Devices Used to Protect Workers in Hazardous Environments.
5. California Department of Health Services, California TB Controllers' Association Joint Guidelines for the Treatment of TB and TB infection for California.
6. Title 16 Division 13, Sections 1364.10, 1364.11 and 1364.15

Tuberculosis Testing Lesson Acknowledgement and Signature

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures as defined in the Tuberculosis Testing OJT Module that I received.

Please contact your immediate supervisor if you have additional questions.

PERNR # _____

Signature: _____

Print Name: _____

Date: _____