PROCEDURE NUMBER: 401.015

PROCEDURE TITLE: EMPLOYEE TUBERCULOSIS SCREENING AND CONTROL PROGRAM

RESPONSIBLE AUTHORITY: OFFICE OF HEALTH SERVICES

EFFECTIVE DATE: JANUARY 9, 2012

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SUPERSEDES: HSAM 92-2

RELEVANT DC FORMS: NI1-028, DC4-520, DC4-520A, 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 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 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. Contract Employees refers to individuals working for the department who are not state employees.

4. Employee Alpha-run 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 tuberculosis or infection control nurse to determine which employees are to be tested for tuberculosis during their anniversary month.

5. Environmental Health and Safety Officer 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.

6. Infection Control Nurse refers to an individual designated by the senior registered nurse supervisor, chief health officer, or the medical executive director to oversee the tuberculosis screening and control program at a specific location.

7. Latent Tuberculosis Infection refers to when an individual is infected with M. tuberculosis but the bacteria has not yet caused disease. A positive Tuberculin Skin Test (TST) indicates latent tuberculosis infection.

8. Mantoux Tuberculin Skin Test refers to the type of tuberculosis test that is used by the department to test employees.

9. Mantoux Two-step Method refers to a pattern of testing used by the department to identify employees who are infected with tuberculosis at the time of employment.

   a) If the initial test is negative, a second (2nd) test will be administered seven (7) to twenty-one (21) days from the first TST’s placement/administration date.

   b) If the second (2nd) test is positive, the employee will be considered infected with tuberculosis prior to employment.
(10) **Purified Protein Derivative (PPD)** refers to an antigen that is utilized by health service employees to detect infections with mycobacterial which may cause tuberculosis in staff.

(11) **Regional Registered Nurse Specialist, Infection Control** refers to the four (4) full-time registered nurse specialists identified in four (4) different geographic locations. The regional registered nurse specialists reports directly to the registered nurse consultant, infection control, in central office.

(12) **Registered Nurse Consultant, Infection Control** refers to the employee located in the Office of Health Services in the central office who oversees all department infection control issues.

(13) **Screening** refers to interviewing the employee for identification of symptoms and administration of the Mantoux Tuberculin skin test, if appropriate.

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**SPECIFIC PROCEDURES:**

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

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

1. It is mandatory for any and all department 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 upon application or hire, as appropriate and screened/tested annually thereafter. Persons with a history of Bacilli Calmette-Guerin (BCG) vaccinations are to be tested per 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 [10] 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 (4) 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.).

5. Per the Center for Disease Control (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 the Mantoux two (2)-step method by the health care provider during the pre-employment physical. The second test will be done by the health services staff at the assigned major correctional institution. At that time, the correctional officer will also complete a DC4-782B.
   b. The second TST MUST be placed within seven (7) to twenty-one (21) days after the first TST placement date. If the correctional officer reports to the medical department greater than twenty-one (21) days after the placement date of the first TST, the entire two (2)-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 seven [7] to twenty-one [21] days after the new TST’s placement date).
   c. Officers with a history of a positive TST, will also report to the medical department at this time to complete a DC4-782B questionnaire form.

2. All other Department Employees:
   a. All other new employee screenings will be administered by department health services staff using the Mantoux two (2)-step method along with completing a DC4-782B.
   b. The second TST is to be placed within seven (7) to twenty-one (21) days of the first TST placement date.
   c. 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.
   d. The screening/testing by the department will include department employees at institutions. Employees at the regional offices and at the central office level 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.
   e. Any department 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.
      i. All testing will be done using the Mantoux method and documented on the “Employee Skin Test”, DC4-778, and the DC4-782B.
      ii. The infection control nurse will include the information in the monthly reports to personnel.
      iii. Once the second TST of the two (2)-step TST has been read and/or the DC4-782B questionnaire form has been completed, the employee will be responsible for ensuring that the original form(s) is provided to the infection control nurse at the assigned major institution.
f. Other department 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.

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 10mm) must provide a copy of a screening questionnaire, signed and dated (within the past twelve [12] months) by their health care provider.
   c. Nurse agencies must provide documentation of initial and annual screenings to the institution’s nursing supervisor.

(c) **Annual Anniversary Requirements:**
   1. Annual testing is always conducted during the month of the employee’s anniversary date with the department.
   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 department 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 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:**
   a. Mandatory testing/screening will be conducted on a department 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.
   b. It is mandatory that every employee of the department who meets the CDC criteria for high-risk for exposure be screened as outlined in this procedure.
      i. The Office of Health Services will make available information pertaining to tuberculosis prevention and control.
      ii. No employee will be permitted to refuse the tuberculosis testing.
      iii. If an employee attempts to refuse tuberculosis testing, 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 (1st) working day of each month, a personnel officer from each servicing personnel office will provide the environmental health and safety officer at each major
institution with an employee alpha-run of all current 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) Personnel officers will also provide the environmental health and safety officer with the name of each new employee and her/his location in writing within one (1) week of the employment start date.

(d) The environmental health and safety officer will:

1. schedule each new employee for tuberculosis screening and testing within two (2) 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 (5th) working day of the month; and
3. provide the warden, regional director, assistant secretary of health services, and the servicing personnel office 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 the servicing 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 Testing 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) Send the original DC4-778 or DC4-782B for each employee screened to the servicing personnel office to file in the employee’s official personnel record file with other medical/health information.
   1. All documentation will be mailed to the servicing personnel office using double envelopes.
   2. One (1) 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 REGISTERED NURSE CONSULTANT, INFECTION CONTROL:** The registered nurse consultant, infection control, will:

   (a) Provide a monthly data report for the employee testing.

   (b) Identify employees for contact testing.

   (c) 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 forty-eight (48) to seventy-two (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,” NI1-028, 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. 0 – nine (9) mm: Negative, unless identified as at risk below.

   2. ten (10) mm or greater: Positive, indicative of tuberculosis infection.

   3. five (5) – nine (9) mm: Positive if employee is at risk due to one (1) 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 (1) to four (4) mm reading may request to be referred for chest x-ray and other follow-up as needed.

   (e) The physician, clinical associate, 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/or DC4-782B will be forwarded to the servicing personnel office to be filed in the employee’s official personnel record file.

(g) 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.

(h) If the results are positive, the health services staff member will refer the employee to her/his shift supervisor.

(i) The shift supervisor will complete the necessary contacts and forms in accordance with “Employees’ Workers’ Compensation Benefits,” Procedure 208.006.

(k) The employee will be referred within seventy-two (72) hours to the physician or physician group that normally handles workers’ compensation injuries.

(l) The department will pay the cost of the exam and chest x-ray given by the physician if workers compensation does not pay. The time and travel required for the exam and chest x-ray will be considered as hours worked.

(m) Within thirty (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.

(n) The environmental health and safety officer will forward the documentation to the servicing personnel office to be included in the employee’s official personnel record file.

(o) 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 servicing personnel 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.

(p) Employees will not be placed on leave except when tuberculosis symptoms are present. If symptoms of tuberculosis are present, the employee will be referred to the environmental health and safety officer who will contact the Bureau of Personnel.

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 tuberculosis to make arrangements to conduct a TB Contact Investigation.

(q) Where uncommon symptoms such as a productive cough for two (2) 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 “Employee Tuberculosis Skin Test Report,” DC4-520A, and submit the form to the regional registered nurse specialist, infection control, by the tenth (10th) day of each month.

(b) Each regional registered nurse specialist, infection control, will compile her/his institution’s monthly TST data and send it to the registered nurse consultant, infection control, in central office by the fifteenth (15th) of each month.

(c) The infection control nurse will report all suspected or diagnosed cases of tuberculosis to the regional registered nurse specialist, infection control, who reports this information to the registered nurse consultant, infection control, in central office and to the Department of Health, Bureau of Tuberculosis and Refugee Health, by completing the Department of Health Tuberculosis Case Reporting Requirements form.

(d) The regional registered nurse specialist, infection control, will complete a contact investigation as directed by the regional registered nurse specialist and registered nurse consultant, infection control. The employee will provide sufficient information to complete the Florida Department of Health, Bureau of Tuberculosis and Refugee, Tuberculosis Contact Reporting Requirements form.

(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 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. 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.
   3. 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 tuberculosis nurse or infection control nurse within thirty (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 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 servicing personnel office, 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.

/S/
Secretary