

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.20.01	Page 1 of 8
	Original Effective Date: 11/01/03	New Effective Date: 06/01/18
	Supersedes: 500.20.01	Dated: 03/20/18
	Administrator's Approval: Jim Schwochert, Administrator	
Required Posting or Restricted:		
<input type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Tuberculosis Testing Program – Employee		

POLICY

The Division of Adult Institutions shall follow the recommendations of the Center for Disease Control, Wisconsin Tuberculosis Program Department of Health Services for the prevention, detection and management of tuberculosis for employees. Compliance with this policy is mandatory if working in a Department of Correction institution, center or school.

REFERENCES

Core Curriculum on Tuberculosis, 6th Edition, 2013; CDC TB home page
<http://www.cdc.gov/tb>

Wisconsin Tuberculosis Program DHS
<https://www.dhs.wisconsin.gov/tb/index.htm>

American Journal of Nursing, August 2017 Vol 117, No. 8 – “Tuberculosis: A New Screening Recommendation and an Expanded Approach to Elimination in the United States”.

U.S. Preventative Services Task Force (USPSTF) – Screening for Latent Tuberculosis Infection in Adults

DEFINITIONS, ACRONYMS AND FORMS

BHS – Bureau of Health Services

CDC – Center for Disease Control

CTC – Corrections Training Center

DAI – Division of Adult Institutions

DCC – Division of Community Corrections

DHS – Division of Health Services

DJC – Division of Juvenile Corrections

DOC – Department of Corrections

DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI)

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DOC-1163E – Authorization for Disclosure of Employee Protected Health Information (PHI)

DOC-3456 – Employee Letter to Health Care Provider Regarding Positive TB Test

DOC-3457 – Employee Positive TB Skin Test Acknowledgement

EHN – Employee Health Nurse

Facility – DOC institutions, centers and DJC schools

IGRA – Interferon-Gamma Release Assays – Whole –blood tests that can aid in diagnosing Mycobacterium tuberculosis infection. They do not help differentiate latent tuberculosis infection (LTBI) from tuberculosis disease.

Latent TB infection – Infection with Mycobacterium tuberculosis, in a person who has no symptoms of active TB and who is not infectious.

Quantiferon®-TB Gold In-Tube(IGRA-GIT) – A whole blood test for use as an aid in diagnosing Mycobacterium tuberculosis infection, including latent tuberculosis infection and tuberculosis disease.

Tuberculosis Disease (TB) – A clinically active, symptomatic disease caused by an organism in the Mycobacterium tuberculosis complex. The usual causative species are M. tuberculosis and M. bovis.

USPSTF – U.S. Preventative Services Task Force

PROCEDURES

I. General Guidelines

- A. All new persons who work regularly in facilities are required to complete a Quantiferon Gold blood test by Employee Health. Except those who provide written documentation of a past positive TB test and have provided evidence of a negative chest x-ray (following the date of a positive test) and are asymptomatic.
 1. Employees must sign consent for testing.
 2. EHN will educate employee on testing procedure.
- B. All persons who work regularly in facilities are required to complete an annual face to face TB Screening and Risk Assessment upon initial employment and every calendar year thereafter with a DOC Employee Health Nurse.
- C. Interns paid by DOC shall participate in the DOC Tuberculosis Testing Program while they are serving their internship.

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- D. CTC Pre-Service Officers.
 - 1. Pre-service officers shall receive a QFT blood test by an EHN during their initial training period.
 - 2. Pre-service officers who are changing job classifications to join the correctional officer classification are excused from completing a QFT gold test as long as there is no break in DOC employment prior to entering CTC.

- E. DCC employees may receive a yearly if they are not a positive reactor or allergic to the PPD solution as a voluntary program of the DOC.

- F. Students and volunteers shall not be provided a QFT by the DOC.

- G. Contracted employees shall follow the DOC Tuberculosis Testing Program and Risk Assessment policy.

- H. Employee TB Test Results shall be filed in the employee's medical file.

- I. A geographical assessment of tuberculosis risk in Wisconsin shall be done at least annually by the DOC Infection Control Coordinator, with input from the Department of Health Services Wisconsin Tuberculosis Program, to determine if increased TB surveillance and/or testing is needed for DOC facilities in specific geographical areas.

- J. In the event of a TB outbreak in a geographical area of Wisconsin, Employee Health Nurses shall follow the direction of BHS management as to how to proceed with screening employees to identify latent or active tuberculosis.

II. Equipment and Supplies For Testing

- A. Quantiferon Blood Gold tubes consistent with the laboratory.

- B. Alcohol wipes.

- C. Sharps container.

- D. Vacutainers.

- E. Safety needles/Butterfly needles.

- F. Waste Tube.

- G. Tourniquet.

- H. Hand Sanitizer.

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I. Lab Requisition.

J. Labels.

K. Gloves.

L. Gauze.

M. Tape.

N. Band-aids.

O. Biohazard Bags

III. Testing for Facility Assigned Staff

- A. Employees receiving a TB screening from the EHN shall complete a Employee TB Screening and Risk Assessment.
- B. Employee TB Screening and Risk Assessment shall be used for documentation of the test results by the EHNs.
- C. If an employee provides EHN with written documentation of having a negative IGRA from another medical provider within the past 30 days no IGRA is required upon employment.
- D. An employee may elect to receive a TB testing, from their own medical provider at their own time and expense. Documentation must be provided to the EHN within 30 days of the employee receiving notice that TB screening is required.
- E. Employee TB testing and screening shall be completed by the EHN. An exception to this is as follows:
 - 1. Nursing staff in the health service units may be delegated to do the TB testing and screening in certain circumstances, such as for employees who only work weekends.
- F. The preferred method is IGRA. If EHN is unable to obtain blood sample for IGRA due to difficult venipuncture or other reason, EHN may perform two-step tuberculin skin testing per CDC guidelines or the employee could elect to go to outside medical facility for IGRA.

IV. Testing for Non-Facility Employees (i.e., BHS, DCC, DJC)

Testing for Non-Facility Employees (i.e., BHS, DCC, DJC) Employees who do not work regularly in a facility may request voluntary Tuberculosis testing from an EHN annually. The employee must complete the TB Screening and Risk

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Assessment form. If the employee does not have documentation of baseline TB testing, one IGRA (Quantiferon blood test) is recommended, or alternatively two-step TB skin testing. For exposures, after the initial TB testing, another TB test is recommended in a few weeks.

V. Follow-Up Care

- A. Upon receipt of the TB testing results from the designated laboratory, EHN's may disclose the TB test results to the employee.
- B. Employees with a negative TB result shall be screened annually by EHN's using the TB Screening and Risk Assessment form.
- C. Positive or Indeterminate TB testing result :
 1. Symptomatic
 - a. Exclude from work and reinforce the reason for work exclusion with employee.
 - b. Inform the employee's Supervisor and or appointing authority that the employee shall be excluded from work until documentation is received from a physician, physician assistant or nurse practitioner that employee has a negative CXR and employee is free of active TB disease.
 - c. Refer the employee to their health provider within 24 hours.
 - d. Provide employee with a copy of– Employee Letter (DOC-3456) to Health Care Provider Regarding test/screening results to take to the health care provider.
 - e. Employee shall complete a DOC-1163A – Authorization for Use and Disclosure of Protected Health Information (PHI) to allow the EHN to obtain a copy of the chest x-ray report for the employee's DOC Employee Health file from the community health care provider.
 2. Asymptomatic ; as above except:
 - a. Employee is not immediately excluded from work.
 - b. Employee is referred to their health care provider within 72 hours.
 - c. Employee will have 96 hours to provide documentation from a physician, physician assistant or a nurse practitioner that employee has a negative CXR and is free of active disease.
- D. Risk Assessment result at yearly screening
 1. If asymptomatic with positive risk factors based on TB Screening and Risk Assessment, the employee is required to have an IGRA test/TST at the time of the screening or within 72 hours.
 2. If symptomatic, same as Section C, number 1 above.
- E. Refusals
 1. The employee shall be referred by memo to the Warden/Superintendent or BHS for further action.

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2. A copy of the memo shall be sent to the Director of Human Resources/designee and the EHN Supervisor.

VI. Records

- A. Testing and results shall be documented and maintained in the employee health file.
- B. The employee may have copies of the documentation by completing a DOC-1163E – Authorization for Use and Disclosure of Protected Health Information (PHI) and sending it to EHN. Upon receipt of signed DOC-1163A, TB results shall be sent to the employee within 30 days.
- C. Copies of the documentation shall also be sent to employee designated parties through release of medical information forms.

VII. Assistance From Facility Staff for the TB Testing Program For Employees

- A. Ensure availability of employees for TB screening by EHN.
- B. Provide private adequate space for TB testing and screening of employees including facilities for infection control.
- C. Provide lists of DOC and contract employees to EHN.
- D. Facilitate employee health clinics.
- E. Facility shall notify EHN of the following:
 1. New employees.
 2. Employee transfers.
 3. Employee termination/resignations.
 4. Employees on long term leaves.

VIII. Protocols, Standing Orders and Consultation Regarding Medical Issues Shall be Provided by the BHS Medical Director.

IX. EHN Shall:

- A. Obtain documentation of previous TB testing/screening as needed.
- B. Provide TB testing and screening per DOC/BHS Policy/Procedure.
- C. Provide consultation on TB program to employees and other staff as needed.
- D. Maintain documentation of TB screening, testing, chest x-ray reports, etc.

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Bureau of Health Services: _____ **Date Signed:** _____
James Greer, Director

_____ **Date Signed:** _____
Paul Bekx, MD, Medical Director

_____ **Date Signed:** _____
Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____
Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date: 00/00/00	DAI Policy Number: 500.20.01	Page 8 of 8
New Effective Date: 00/00/00	Supersedes:	Dated:
Chapter: 500 Health Services		
Subject: Tuberculosis Testing Program – Employee		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden’s/Center Superintendent’s Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
 - C.

II.

III.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other