

 <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: 03/07/22
	Supersedes: 500.20.01	Dated: 01/25/21
	Administrator's Approval: Sarah Cooper, Administrator – 3/4/22	
	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 Wisconsin Tuberculosis Program Department of Health Services (DHS) and the Center for Disease Control (CDC) for the prevention, detection and management of tuberculosis for employees.

REFERENCES

Centers for Disease Control and Prevention (2021) Core Curriculum on Tuberculosis: What the Clinician Should Know, 7th Edition; Retrieved from <http://www.cdc.gov/tb>

Infectious Disease Society of America (2017) Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children

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

ACP- Advanced Care Provider. Provider with prescriptive authority.

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

DOA – Department of Administration

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DOC – Department of Corrections

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

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

DOC-3190A – Employee Tuberculosis Risk Assessment Annual Screening

DOC-3190B – Employee Consent for TB-Gold Blood Draw

DOC-3455 – Employee TB Skin Test Result

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

F-02265 – LTBI Confidential Case Report (locate form at <https://www.dhs.wisconsin.gov/tb/index.htm> under the forms tab)

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

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

Tuberculin skin test (TST) – Performed by injection of 0.1 ml of PPD tuberculin intradermally on the forearm. The injected area is examined 48 to 72 hours later for a reaction.

Tuberculosis Disease (TB) – A clinically active, symptomatic disease caused by an organism in the Mycobacterium tuberculosis complex.

Tuberculosis Testing – Two types of tests that can detect M. tuberculosis in the body: the TST and IGRA blood test. A positive TST or IGRA test only indicates infection with

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M. tuberculosis; further tests are required to rule out active or latent tuberculosis disease.

USPSTF – U.S. Preventative Services Task Force

WRC – Wisconsin Resource Center

PROCEDURES

I. General Guidelines

- A. Compliance with this policy is mandatory if working in a Department of Correction facility.
- B. All new employees including CTC pre-service officers, and paid interns who work in facilities are required to complete a QuantiFERON Gold blood test by Employee Health, except those who have a history of a past positive TB test or who have had a TST within the past 6 months.
 1. Employees must sign consent for testing.
 2. EHN will educate employee on testing procedure.
 3. Employees with a history of a past positive TB test, must provide a negative chest x-ray report (following the date of the positive test) or a statement from their provider stating they are free of active TB disease.
 4. Employees who have had a TST within the past 6 months, shall have a TST rather than a QFT.
- C. All persons who work 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.
- D. WRC-Security employees are employed by the DOC and will complete annual risk assessment screening, and testing if indicated, by the WRC EHN.
- E. TB testing for non-facility DOC employees is voluntary and may be requested by contacting an EHN or the Bureau of Health Services. The employee will arrange to see the EHN at a DOC facility when the EHN is scheduled to be there.
- F. DOA employees (i.e. Human Resources) who work in facilities are required to follow the DOC Employee Tuberculosis Testing Program policy.
- G. State employees who transfer into DOC and provide documentation of negative TB testing and risk assessment that follow DOC guidelines will only need risk assessment upon hire.
- H. DOC employees may request a TB test annually if they are not a positive reactor.
- I. Students and volunteers shall not be provided a QFT by the DOC.

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- J. Contracted employees shall follow their DOC contract to meet the DOC Tuberculosis Testing Program and Risk Assessment policy guidelines and provide the documentation to their designated supervisor.
- K. A geographical assessment of tuberculosis risk in Wisconsin shall be done at least annually by the DOC Infection Prevention Nursing Coordinator, with input from the DHS Wisconsin Tuberculosis Program, to determine if increased TB surveillance and/or testing is needed for DOC facilities in specific geographical areas.
- L. 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. Testing for Facility Assigned Staff

- A. Employees receiving a TB test from the EHN shall complete an Employee Tuberculosis (TB) Screening and Risk Assessment.
- B. Employee Tuberculosis (TB) Screening and Risk Assessment shall be used for documentation of the test result by the EHNs.
- C. If an employee provides the EHN with written documentation of having a negative IGRA or 2-step TB skin test from another medical provider within the past 30 days, no TB test is required upon employment.
- D. If an employee provides EHN with written documentation of having a negative TST from another medical provider within the past year, only a one-step TST will be given instead of a two-step TST.
- E. An employee may elect to receive 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.
- F. Employee TB testing and screening shall be completed by the EHN. An exception to this is as follows: 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.
- G. The preferred method is IGRA. If EHN is unable to obtain blood sample for IGRA due to difficult venipuncture, non-traditional work hours, or other reason, EHN may perform TST per CDC guidelines. If the TST will be read by someone other than a DOC EHN, then form 3455 – Employee TB Skin Test Result will be used to document the result.

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III. Follow-Up Care

- A. Upon receipt of the TB test result, EHN's may disclose the TB test result to the employee.
- B. Positive or indeterminate TB test result
1. Symptomatic:
 - a. Exclude from work and reinforce the reason for work exclusion with employee.
 - b. Inform human resources (HR) or in the absence of HR, inform the employee's supervisor and/or appointing authority that the employee shall be excluded from work until documentation is received by HR from an ACP that the employee is free of active TB disease. HR shall provide a copy of the documentation to employee health.
 - c. The employee shall contact their health provider within 24 hours.
 - d. Provide employee with a copy of DOC-3456 Employee Letter 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 documentation related to TB.
 - f. Provide employee with a copy of DOC-3457 Employee Positive TB Test Acknowledgement.
 2. Asymptomatic - as above except:
 - a. Employee is not immediately excluded from work.
 - b. Employee shall obtain documentation from their provider that they are free of active TB disease within 10 business days from the date of notification of the positive or indeterminate TB test result.
 - c. EHN shall report all positive TB test results to the Wisconsin DHS using form:

Latent Tuberculosis Infection (LTBI) Confidential Case Report Form, F-02265
- C. Employee Tuberculosis Risk Assessment Annual Screening result:
1. If asymptomatic with positive risk factors based on TB screening and risk assessment, the employee is required to have a TB test at the time of the screening or within 10 business days.
 2. If symptomatic, same as Section B, number 1 above.
 3. If past positive TB test and symptomatic based on TB screening and risk assessment, same as Section B, number 1 above.
- D. Refusal to comply with policy:
1. The employee shall be referred by memo to the Warden/Superintendent or BHS for further action.
 2. A copy of the memo shall be sent to the Director of Human Resources/designee and the EHN Supervisor.

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IV. Records

- A. Testing and results shall be documented and maintained in the employee health file with BHS in central office.
- 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. The employee is responsible for obtaining their own copies for others use.
- C. TB records are destroyed after eight years per record retention policy.

V. 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.
- C. Provide lists of DOC permanent and LTE 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.

VI. Protocols, Standing Orders and Consultation Regarding Medical Issues Shall be Provided by the BHS Medical Director.**VII. 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 IGRA results, TB screening, testing, chest x-ray results, etc.

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Bureau of Health Services: _____ **Date Signed:** _____

Vacant, Director of Healthcare Administration

_____ **Date Signed:** _____

Daniel La Voie, MD, Medical Director

_____ **Date Signed:** _____

Mary Muse, Nursing Director

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Oakhill Correctional Institution		
Original Effective Date: 11/01/03	DAI Policy Number: 500.20.01	Page 8 of 8
New Effective Date: 03/07/22	Supersedes: 500.20.01	Dated: 01/25/21
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Will Implement <input checked="" type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval: Warden Clinton Bryant		

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