

CBHS Policies and Procedures



City and County of San Francisco
Department of Public Health
Community Programs
COMMUNITY BEHAVIORAL HEALTH SERVICES

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POLICY/PROCEDURE REGARDING: Tuberculosis Screening/Infection/Exposure in Personnel

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Manual Number: 3.02-17
References:

Date: May 8, 2019

New Policy: Technical Revision of policy manual number 3.02-17, December 5, 2012

Purpose:

To reduce the possibility of tuberculosis (TB) exposures in the community, the TB status of all personnel at Community Behavioral Health Services (CBHS) will be determined at the time of employment and at regularly scheduled screening intervals.

Policy:

To reduce the possibility of pulmonary tuberculosis (TB) exposures in the facility, the TB status of all personnel is determined at the time of employment and at regularly scheduled screening intervals.

Procedure:

1. Mode of transmission

TB is transmitted by the inhalation of airborne droplet nuclei.

2. Immunization

Note: Prior immunization with BCG does not exclude personnel from evaluation for TB infection. A thorough review of symptoms will be done at least annually on all PPD positive personnel.

3. Descriptions of TB Infection and active TB Disease

TB Infection is indicated by positive PPD of greater than 10 mm, or 5 mm if HIV+ or if there has been close contact with a known active TB case. To screen for TB infection upon hire, a tuberculin skin test (TST) or approved blood test will be performed at the Employee Health Service or by a designated surrogate. When using a TST, a two-step protocol is required to control for the "booster" phenomenon: If the initial TB skin test is negative, a second skin test is done 7 days after the first PPD. If an employee can provide record of a negative skin test (PPD), appropriately placed and read at a recognized health facility within the preceding 12 months, it is accepted as the first test. Negative PPD at Employment: All employees with the equivalent of 2 negative PPD tests will undergo tuberculosis screening at least annually, in accordance with the TB Exposure Control Plan. Positive PPD at Employment: If an employee has a positive PPD at the time of employment, diagnostic evaluation to exclude active TB is performed. The evaluation should include:

1. Physical examination

2. History

3. Baseline chest x-ray examination

4. Evaluation for HIV risk factors

5. Evaluation of preventive therapy

6. Education in the timely recognition of signs and symptoms of active TB, and need for prompt reporting to the Employee Health Service if symptoms arise. If treatment or preventive therapy is believed to have been inadequate and/or active TB is found, employment may be deferred until proof of control is documented. PPD conversion during Employment at CBHS: The employee with a positive PPD will be evaluated as above (to include 1-6), and be offered preventive therapy as appropriate. In subsequent scheduled (at least annual) assessments, the employee is evaluated to exclude active TB and re-educated regarding timely recognition of symptoms and prompt reporting to Employee Health Service. Employee Health notifies the Infection Control Committee of any PPD conversions.

4. Active Pulmonary Tuberculosis Disease

Any employee with signs of active pulmonary TB will be relieved of duty and given immediate referral to the county public health TB clinic or a private physician. Employee Health Service/TB clinic will report suspected and active cases of TB in CBHS clinic employees immediately to Infection Control. Infection Control will confirm the diagnosis, report to the appropriate departments, and initiate a contact investigation.

5. Supervisor and employee responsibility regarding TB symptoms

All workers and their supervisors will be aware of the symptoms of TB, and the required frequency for their unit and/or job classification of the tuberculin skin test, blood test, or symptom review. Supervisors will take the responsibility to ensure any worker with a chronic cough (two weeks or greater duration) will be evaluated by employee health. Special considerations for designated personnel include:

Students: It will be the responsibility of the school, college or university to ensure that prior to affiliation at CBHS; TB screening consistent with hospital policy is done. **Medical Staff:** It will be the responsibility of the medical staff, at the time of credentialing, to show proof of TB testing/symptom review status consistent with hospital policy.

6. Work restrictions for personnel with suspected or confirmed TB disease

Personnel with suspected or confirmed active pulmonary TB disease may not work within the facility. Return to work requires certification by the TB Control Officer that the employee is free from communicable TB. Documentation must be reviewed and approved by both the Employee Health Service and Infection Control.

7. Definition of TB exposure / Management

Defining exposure to TB is difficult, since TB bacilli travel on air currents and can remain suspended in the air for some time. At CBHS, personnel are considered "exposed" to TB if they provided care to the infected index case outside of the required tuberculosis protocol. Upon identification of a smear-positive active case of pulmonary TB in an employee or patient not appropriately isolated in high or low level respiratory isolation within the facility, Infection Control will initiate a Contact Investigation of all persons exposed. Smear-negative case exposures will be reviewed and a contact investigation may be initiated, as decided on a case by case basis.

Follow-up for personnel potentially exposed to TB includes a baseline screen and a follow-up screen at 10 to 12 weeks:

Personnel will have a TB skin test to ensure negativity at exposure.

Persons with a recent negative TB skin test (within three months prior to exposure) will have that test considered as baseline.

All personnel exposed require a repeat skin test at ten to 12 weeks post-exposure:

Positive reaction signifies converter status (see above protocol for PPD conversion).

Negative reaction requires no additional follow-up.

8. Work restrictions for personnel with TB Exposure

There are no work restrictions for personnel exposed to TB. Any TB exposures (including those outside of CBHS) should be reported to Employee Health Service for appropriate education and follow-up.

Contact Person: CBHS Nursing Director, (415) 401-2708

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