

# ADMINISTRATIVE PROCEDURES



Procedure Number: 30-15

Effective Date: 08/26/94

Revision Date: 07/24/02

*C. Bullock*  
County Administrator

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SUBJECT: **TUBERCULOSIS EXPOSURE CONTROL PLAN**

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DEPARTMENT RESPONSIBLE: **RISK MANAGEMENT**

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## PURPOSE

To minimize the exposure of Pima County employees to *Mycobacterium tuberculosis* (TB). To implement effective work practices by person working in circumstances where there is a risk of exposure to TB.

To provide an overall exposure control plan for Pima County which will be the basis for the department-specific plans.

## I. ADMINISTRATIVE CONTROLS

- A. Pima County Risk Management shall coordinate with all Pima County departments whose employees are at risk for exposure to TB.
1. Administrative controls are considered the highest priority method of limiting TB exposure to employees (see Section II).
  2. All departments at risk shall develop a TB Exposure Control Plan. The plan shall be reviewed at least annually by the department.
  3. All affected departments shall maintain position and name list of employees at risk.
  4. All affected departments shall develop procedures to limit employee exposure to TB.
- B. Each affected department will be responsible for tracking PPD skin tests and scheduling follow-ups.
1. Pima County Risk Management, in collaboration with the County Physician, shall coordinate the medical evaluation of employee's with respect to skin testing, symptom survey, radiographic evaluations, and treatment recommendations.

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2. Results of PPD testing will be made know to Pima County Risk Management and the affected Pima County department.
  3. Each department, with the assistance of Pima County Risk Management and the Pima County Physician shall perform a risk assessment based on the results of the analysis of employee PPD test conversions and analysis of transmission of patient-to-patient, patient-to-employee, employee-to patient, employee-to-employee Tuberculosis, and numbers of actual TB cases seen within the departments (see Attachment 1).
  4. Based on the risk assessment results Pima County Risk Management, with the assistance of the affected department and the County Physician shall determine the frequency of medical evaluations in accordance with CDC Guidelines (see Attachment 1).
- C. Pima County Risk Management shall review the Tuberculosis Exposure Control Plan at least annually.

## **II. DEPARTMENTS AFFECTED**

- A. The following areas have been determined to be affected by this plan:
- Community Services/Jackson Employment Center
  - Health Department
  - Kino Community Hospital
  - Medical Examiner's Office
  - Pima Health Systems
  - Posada Del Sol
  - Sheriff's Department
  - Victim Witness
1. Each department shall be responsible for determining work areas and/or employee functions where there is risk of exposure to TB.
  2. Each department shall review work areas and employee functions at least annually to determine employees risk status (see Attachment 1).
- B. Pima County Risk Management shall review annually county departments that may be at risk and amend the list accordingly.

## **III. ENGINEERING AND WORK-PRACTICE CONTROL**

- A. All affected departments shall be responsible for modification of any work practice or physical structures to minimize the exposure of Pima County employees to TB.
1. Engineering and work practice control methods for exposure minimization shall be secondary to administrative controls.

- 2. All affected departments shall submit their engineering and work practice control recommendations to Risk Management for review. Risk Management will be available to advise each department on its engineering and work practice controls.
- 3. When engineering and work practice control cannot be optimized, each employee must use Personal Protective Equipment as defined in Section IV.

B. Risk Management may assist each department in a facility risk assessment.

**IV. RESPIRATORY PROTECTION DEVICES**

- A. Respiratory protection devices shall be utilized whenever an employee might be potentially exposed to TB in settings where administrative and engineering controls and/or work conditions may not provide adequate protection.
  - 1. Each affected department shall determine those work conditions or environments where respiratory protection devices are indicated.
  - 2. Each department shall report to Risk Management its determination of where respirator protective devices are indicated; and shall maintain a name list of employees who may be required to utilize respiratory protective devices.
- B. The Respiratory Protection Program shall be conducted under the authority of and in compliance with the Pima County Respiratory Protection Program, (see Pima County Administrative Procedure 30-3).

**V. MEDICAL ASSESSMENT**

- A. All new employees who will be working in a risk identified position will have a baseline medical assessment by the Pima County Occupational Physician. If the individual has proof of testing within the previous 3 months, this requirement may be waived.
  - 1. All new employees working in identified "at risk" positions shall have a baseline PPD skin test. The baseline test may consist of a "two step" testing process if the employee is >50 years old, has not had a PPD skin test in more than one year, or the physician feels it is medically indicated.
  - 2. Using the C.D.C. Guidelines, if the employee is a documented positive PPD reactor, (either pre-existing or new conversion) a chest radiograph will be obtained and a symptom questionnaire will be administered. A symptom questionnaire will be administered if the new employee has proof of a chest radiograph which is negative within three months or less.

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3. Using C.D.C. guidelines, all new positive PPD reactors and known positive PPD reactors with undocumented treatment at the time of the preplacement medical evaluation will be referred to the appropriate medical authority for evaluation.
4. A written statement of absence of contagious TB disease on each new employee will be provided to the department (see Attachment 2).
- B. Affected incumbent employees will be evaluated on a periodic basis as defined in 2.4 of Section I.
1. Evaluations will be no less than annually.
2. The minimal evaluation shall consist of PPD skin testing, and/or symptom questionnaire, and/or chest radiograph. Selection of the appropriate evaluation method will be done by the County Physician.
3. If the employee is a known positive PPD reactor, a symptom questionnaire shall be administered every 6 or 12 months, depending on the risk assessment of the work area. Unless otherwise indicated, a chest radiograph will be obtained at least every five years.
4. A written statement of the absence of contagious TB will be provided by the County Physician for each employee at the time of their periodic assessment.
- C. Employee exposure to TB will be evaluated by the County Physician.
1. If the exposed employee is a known negative PPD reactor, a PPD skin test will be applied within one week after the exposure incident has been reported. If medically indicated, a "two-step" testing procedure will be utilized. The exposed employee will be retested twelve weeks after the initial post-exposure evaluation.
2. If the exposed employee is a documented positive PPD reactor, a symptom questionnaire will be administered within one week after the exposure incident is reported. A chest radiograph may be obtained at this time if one has not been performed within one year prior to the exposure incident. At twelve weeks after the exposure incident evaluation, a symptom questionnaire shall be re-administered. At twelve months after the initial exposure incident a symptom questionnaire and chest radiograph shall be obtained.
3. If there is a PPD conversion at the twelve week post exposure period, or if there is suspicion of active disease from the exposure in previously known converters, the exposed employee will be referred to the Pima County Health Department for consultation on appropriate treatment. The employee may be referred to the County Physician for continuation of therapy.

4. Post exposure PPD conversions and post exposure disease will be reported to Risk Management.

## **VI. TRAINING AND EDUCATION**

- A. All employees shall receive TB education that is appropriate to their work function.
  1. Each department shall be responsible for the training and education of each employee about Tuberculosis.
  2. Each department shall keep a record of employees in attendance at training and provide a list of employees in attendance and a list of employees not in compliance to the training and education program.
  3. Training will be conducted before initial assignment and at least annually.
- B. All affected employees will receive education and training for use of respirator protective devices.
  1. Each department shall be responsible for the training and education in accordance with the Pima County Respiratory Protection Program.
  2. Each department shall keep a record of employees in attendance at training and a list of employees not in compliance with the Pima County Respiratory Protection Program.
  3. Training will be conducted before initial assignment and at least annually in accordance with the Pima County Respiratory Protection Program.

# Attachment 1

## RISK ASSESSMENT<sup>1</sup>

Analyze purified protein derivative (PPD) test conversion data, number of TB cases, and other risk factors by area and occupational group

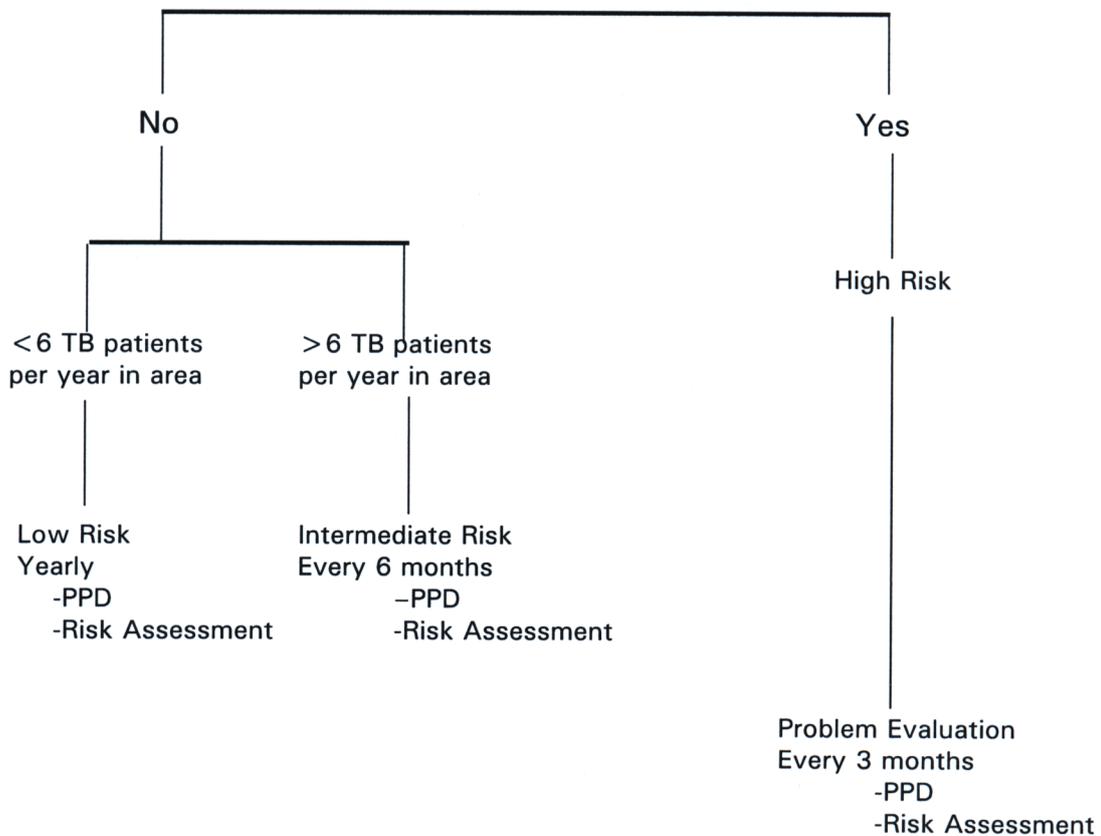
PPD conversion rate significantly greater than areas without TB patients or than previous rate in same area

or

Cluster of PPD test conversions

or

Evidence of patient-to-patient transmission



<sup>1</sup> Adapted from C.D.C. *Guidelines for Preventing the Transmission of Tuberculosis*

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## ATTACHMENT 2

Name \_\_\_\_\_, has been evaluated by me on \_\_\_\_\_.

\_\_\_ Is free of signs and symptoms of Tuberculosis based on

\_\_\_ PPD skin test \_\_\_ Symptom questionnaire \_\_\_ Chest X-Ray

\_\_\_ Last chest X-ray on \_\_\_\_\_ showed no evidence of acute or active disease.

\_\_\_ Does not need a repeat Chest X-ray at this time.

\_\_\_ Previous appropriate treatment with anti-tubercular drugs

\_\_\_\_\_  
Physician Signature