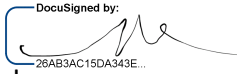


BHS Policies and Procedures

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|  | City and County of San Francisco Department of Public Health Community Programs BEHAVIORAL HEALTH SERVICES | 1380 Howard Street, 5th Floor San Francisco, CA 94103 (628) 754-9500 |
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POLICY/PROCEDURE REGARDING: Tuberculosis Screening/Infection/Exposure in Personnel

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| Issued By:  Ana I. Gonzalez, BHS Co-Chief Medical Officer Effective Date: May 8, 2024 | Manual Number: 3.02-17 References: Title 22, California Code of Regulation |
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Technical Revision. Replaces Policy 3.02-17 of May 8, 2019.

Equity Statement: The San Francisco Department of Public Health, Behavioral Health Services (BHS) is committed to leading with race and prioritizing Intersectionality, including sex, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to move forward on the continuum of becoming an anti-racist institution through dismantling racism, building solidarity among racial groups, and working towards becoming a Trauma-Informed/Trauma Healing Organization in partnership with staff, members, communities, and our contractors. We are committed to ensuring that every policy or procedure, developed and implemented, lead with an equity and anti-racist lens. Our policies will provide the highest quality of care for our diverse members. We are dedicated to ensuring that our providers are equipped to provide services that are responsive to our members’ needs and lived experiences.

Purpose:
To reduce the possibility of tuberculosis (TB) exposures in the community, the TB status of all personnel at Behavioral Health Services (BHS) 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 bacille Calmette-Guerin (BCG) does not exclude personnel from evaluation for TB infection. A thorough review of symptoms will be done at least annually on all purified protein derivative (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 a 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:

- Per Title 22, "a health examination performed under the direction of a physician shall be required as a requisite for employment and must be performed within one week after employment to ascertain that employees are free from symptoms indicating the presence of an infectious disease."
- History.
- Baseline chest x-ray examination.
- Evaluation for HIV risk factors.
- Evaluation of preventive therapy.
- 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 BHS: 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. The Employee Health Service/TB clinic will report suspected and active cases of TB in BHS clinic employees immediately to Infection Control.

Infection Control will confirm the diagnosis, report to the appropriate departments, and initiate a contact investigation.

Baseline TB Screening and Testing:

All employees of BHS will be screened for TB upon hire.

TB screening:

- Baseline individual TB risk assessment.
- TB symptom evaluation.
 - a bad cough that lasts 3 weeks or longer.
 - pain in the chest.
 - coughing up blood or sputum (phlegm from deep inside the lungs).

Other symptoms of TB disease are:

- weakness or fatigue;
- weight loss;
- no appetite;
- chills;
- fever;
- sweating at night;
- a TB test (QFG or TST); and
- additional evaluation for TB disease as necessary.

Health care personnel with a documented history of a prior positive TB test should receive a baseline individual TB risk assessment and TB symptom screen upon hire (i.e., preplacement). A repeat TB test (e.g., TB blood test or a TB skin test) is not required.

Annual Screening, Testing, and Education

Annual TB testing (TST or QFG test) of health care personnel is required by CDPH. Health care personnel with untreated or treated latent TB infection should receive an annual TB symptom screen. Symptoms for TB disease include any of the following:

- a cough lasting longer than three weeks;
- unexplained weight loss;
- night sweats or a fever; and
- loss of appetite.

A positive result from the TB test shall be followed by a CXR and MD evaluation for latent or active TB.

Post-Exposure Screening and Testing

All health care personnel with a known exposure to TB disease should receive a TB symptom screen and timely testing, if indicated.

- Health care personnel with a previous negative TB test result should be tested immediately and re-tested 8 to 10 weeks after the last known exposure. For consistency, the same type of TB test (e.g., TB blood test or TB skin test) should be used upon hire (i.e., preplacement) and for any follow-up testing.
- A positive test result for TB shall be followed by a CXR and MD evaluation for active or latent TB.
- Health care personnel with a documented history of a positive TB test result do not need to be re-tested after exposure to TB. They should receive a TB symptom screen and if they have symptoms of TB, they should have a CXR and be evaluated for active TB.

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 in 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 BHS, 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 BHS, 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 8 to 10 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 BHS) should be reported to the Employee Health Service for your respective agency for appropriate education and follow-up.

Contact Person: BHS Nursing Director, (415) 401-2700

Distribution:

BHS Policies and Procedures are distributed by the Behavioral Health Services Quality Management and Regulatory Affairs.

Administrative Manual Holders

BHS Programs

SOC Managers

BOCC Program Managers

CDTA Program Managers

References:

California Tuberculosis (TB) Testing Regulations for Health Care Facilities: Title 22 (T22) California Code of Regulation

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/California-TB-Testing-Regulations.aspx#>

Baseline/Frequency of Tuberculosis Screening and Testing for Health Care Personnel

<https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>