

Policy #: OH-001

Last Reviewed: _____

Date Approved by Council: 04/01/2019

Title: Tribal Employee Tuberculosis Infection Control Plan

- I. Policy:** The Stockbridge-Munsee Community (Tribe) maintains a Tribal Employee Tuberculosis (TB) Infection Control Plan. This Plan outlines the Tribe's TB program for employees, which includes addressing methods to identify employees who have Latent Tuberculosis Infection (LTBI) and active TB disease, methods to prevent transmission of *Mycobacterium tuberculosis* (*M. tuberculosis*), and training and education for employees.
- II. Purpose:**
- A. To reduce the risk of transmission of *M. tuberculosis* to tribal workers, clients, volunteers, and visitors.
 - B. Multidrug resistant *M. tuberculosis* is classified as a category C agent of biological terrorism. Implementation of the TB infection control guidelines described in this document are essential for preventing and controlling transmission of *M. tuberculosis*.
- III. Applicability and Enforcement:**
- A. The Occupational Health Department (OH) is authorized to oversee compliance with the Tribe's TB program, including:
 - 1. Complete a TB risk assessment for the Tribe per this policy.
 - 2. At least every other year, review and, when appropriate, recommend updates to this policy.
 - 3. Ensure recommended employee training and education is carried out.
 - 4. Conduct a problem evaluation in the event of a potential exposure and/or if recommended controls fail.
 - 5. Implement and monitor corrective action.
 - B. Employees in the following departments are required to be part of a tribal TB screening program.
 - 1. Stockbridge-Munsee Health and Wellness Center (SMHWC)
 - 2. Ella Besaw Center
 - 3. Stockbridge-Munsee Emergency Management Department
 - 4. Stockbridge-Munsee Police Department
 - 5. Stockbridge-Munsee Head Start
 - 6. Stockbridge-Munsee Elderly Department

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- C. Any employee¹ who may have been exposed to a TB infection is subject to testing and monitoring under this policy.
- D. Departments that have an approved TB infection control plan, such as the SMHWC and Ella Besaw Center, shall comply with such plans. OH shall provide compliance oversight.
- E. Departments that do not have a TB infection control plan shall comply with this policy. This policy shall also supplement departments who have partial TB plans.

IV. Risk Assessment:

- A. Risk assessment for the Tribe will be reviewed every five years or more frequently if the need arises. This will include:
 - 1. An evaluation of the risk for transmission of *M. tuberculosis* within tribal lands, as well as Shawano County.
 - 2. A profile of the tribal community.
 - 3. Case surveillance, that is, identifying the number of suspected and confirmed active TB cases among the employees working for the Tribe.
 - 4. An analysis of employee TB screening data.
- B. Low Risk. A low risk area is a location where less than three TB cases in a county were identified and received care in the preceding year. The following assessment and testing plan will be used by the Tribe if Shawano County is a low risk area.
 - 1. Baseline TB screening will be done for new employees (see, Section VI) in departments who are part of the TB screening program.
 - 2. After the baseline screening, employees will then be screened annually (see, Section VII).
- C. Medium Risk. A medium risk area is a location where three or more cases in a county have received care within the preceding year. The following assessment and testing plan will be used by the Tribe if Shawano County is a medium risk area.
 - 1. Baseline TB skin test will be done for new employees (see, Section VI) in departments who are part of the TB screening program.
 - 2. All employees who are part of the TB screening program will have annual TB skin tests.
 - a. This procedure will be followed as long as our location remains in Medium Risk. If our location is determined to be Low Risk in the future, we will follow the Low Risk protocol.

¹ This includes employees of the tribal government as well as the Tribe's casino and other businesses.

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3. After baseline testing for infection with *M. tuberculosis*, all employees will receive TB screening annually (i.e., symptom screen.)

V. Precautionary Measures:

A. Signs and Symptoms of TB.

- Persistent cough (lasting 3 or more weeks)
- Bloody sputum
- Night sweats
- Unexplained weight loss
- Anorexia
- Fever
- Chronic fatigue
- Cavitation of chest radiograph
- Positive acid-fast bacilli (AFB) sputum smear results
- Respiratory tract disease with involvement of the larynx (substantially infectious)

B. OH conducts pre-employment TB skin testing and annual TB risk screening.

C. Employees are required to wear the appropriate personal protective equipment (PPE) when in close contact with a potential or confirmed Latent or Active TB person. Such PPE can include: N95 disposable respirator, mask, gown, and disposable gloves.

D. As *M. tuberculosis* is spread by airborne transmission, persons with suspected or confirmed TB disease should be isolated.

1. They should not be placed in an open waiting area, but, will instead wait apart from other persons in a separate room with the door closed.
2. Persons who are known or are suspected to have active TB disease are not allowed to participate in group activities. For example, they are not permitted at group meals at the Elderly Center, but a meal may be delivered to them.

E. Employees at SMHWC, Ella Besaw Center, and other departments that have a TB plan, must comply with such plan.

F. Departments that do not have or have only partial TB plan shall comply with this policy.

VI. New Employee Screening:

A. Occupational Health is responsible for conducting all new employee TB skin tests

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and screenings.

1. All employees who are identified as part of a TB screening program will receive baseline TB screening prior to beginning work.
 2. A 2-step tuberculin skin testing technique will be used to test for infection with *M. tuberculosis*.
 - a. All tuberculin skin tests done by OH will be read by a trained health care worker between 48-72 hours after the tuberculin skin test is placed.
 - b. If the tuberculin skin test is not read between 48-72 hours, then another tuberculin skin test will be placed as soon as possible and will be read 48-72 hours.
 3. A 1-step baseline screening will be done for new employees who can provide evidence of testing within the past year. A completed TB Risk Assessment Questionnaire will also be required.
- B. Such testing normally is done by OH staff, but the person may be referred to the SMHWC or another facility for testing.

VII. Screening Current Employees:

- A. Occupational Health is responsible for conducting the annual screening for current employees who are part of the TB screening program.
1. A Risk Assessment Questionnaire and interpretation of answers are used to determine the employee's risk level for TB infection.
 2. If, after completing the questionnaire, it is deemed the employee is considered a risk for TB infection, a 1-step TB skin test will then be placed.
 3. Employees that cannot receive a TB skin test will be required to get a chest radiograph if they have an increased risk after completing the annual TB Risk Assessment Questionnaire.
- B. At-risk employees may receive follow-up testing through OH or at the SMHWC.

VIII. Evaluation of Screening Results:

- A. Test Results.
1. For testing done by OH, TB test results will be read by the OH Nurse or another qualified health care worker.
 2. Reading the tuberculin skin test result consist of first determining the presence or absence of induration (hard, dense, and raised formation) and, if induration is present, measuring the diameter of induration transverse (perpendicular) to the long axis of the forearm. Erythema or redness of the skin will not be considered when reading a tuberculin skin test result.

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3. A tuberculin skin test conversion is equal to or greater than 10 mm increase in the size of the induration during a 2-year period in:
 - a. An employee with a documented negative (less than 10 mm baseline two-step tuberculin skin test result), or
 - b. An employee with a negative (less than 10 mm) tuberculin skin test result within 2 years.
- B. Employees with a baseline positive or newly positive test result for *M. tuberculosis* infection or documentation of treatment for LTBI or TB disease will receive one chest radiograph result to exclude TB disease.
 1. If the chest radiograph shows signs of possible TB disease, sputum cultures can be obtained and/or treatment started for LTBI or active TB disease (in accordance with current guidelines) and per the physician's discretion.
 2. Employees with positive test results will be reported to the Shawano County Health Officer in accordance with the Treatment and Reporting section of this policy.
- C. Employees who have received the BCG Vaccine (Bacilli Calmette-Guerin), a vaccine used in many foreign countries for TB disease, could produce a false-positive reaction with the TB skin test.
 1. Blood tests used to detect TB infection, unlike the TB skin test, are not affected by prior BCG vaccination and are less likely to give false-positive result.
 2. The TB skin test and TB blood tests are not contraindicated for persons who have been vaccinated with BCG.
 3. Evaluation of TB skin tests in persons vaccinated with BCG should be interpreted using the same criteria as for those not BCG-vaccinated.
- D. Persons with no known risk factors for TB may be considered for treatment of LTBI if their reaction to the tuberculin test is at least 15mm of induration or they have a positive result using a TB blood test.

IX. Testing and Monitoring Following Potential Exposure:

- A. If an employee thinks they have been exposed to TB, they need to contact OH to start the testing process for possible Latent or Active TB.
 1. OH will initiate a TB skin test.
 2. If there is a negative TB reading, OH will monitor the employee with the TB Risk Assessment Questionnaire (See, Section VII).
 3. If there is a positive TB reading, refer to Treatment and Reporting section (See, Section X) of the policy.

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X. Treatment and Reporting:

- A. For employees who have a confirmed TB disease, or who are considered highly probable to have infectious TB disease, anti-tuberculosis treatment will be started promptly in accordance with current guidelines.
- B. The local health department will be notified of all cases of confirmed or suspected TB.¹
 - 1. This will be done through an IMMEDIATE phone call or fax to the Shawano County Health Department (telephone: 715-526-4808 or fax: 715-524-5792).
 - a. OH will notify the Shawano County Health Department of confirmed or suspected cases that were not seen at the SMHWC.
 - b. The SMHWC will provide notice for cases seen at the SMHWC. The staff in the Laboratory Department at the SMHWC will submit the official report to the WI Electronic Disease Surveillance System (WEDSS) Reporter.
 - 2. Within 24-hours, the reporting health care provider must complete and submit an Acute and Communicable Diseases Case Report to the Shawano County Health Department by mail or fax.

XI. Records:

- A. All records of employees of the Tribe are to be kept in their Occupational Health employee file, which is secured at the Stockbridge-Munsee Tribal Administration Building.
- B. Protection of privacy and maintenance of confidentiality for all employee's test results and records will be ensured except to the extent the Tribe must report and/or release information as required by law.
- C. Active TB cases will be recorded on the OSHA 300 Log by checking the "respiratory condition" column.² A case can be deleted from the Log in certain circumstances if it is determined that is not from occupational exposure.
- D. Employee medical records must be retained for at least the duration of employment plus 30 years and employee exposure records must be maintained for at least 30 years.³

XII. Return to Work Requirements:

- A. Employees with confirmed infectious pulmonary, laryngeal, endobronchial, or tracheal TB disease, or a draining TB skin lesion pose a risk to patients, co-worker's and others. Such employee's will be excluded from the workplace and will be

¹ Chapter DHS 145, Appendix A, Category I, Wis. Admin. Code.

² 29 CFR 1904.11.

³ 29 CFR 1910.1020.

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- allowed to return to work when the following criteria have been met:
1. 3 consecutive sputum samples collected in 8-24-hour intervals that are negative, with at least one sample from an early morning specimen (because respiratory secretions pool overnight).
 2. The employee has responded to anti-tuberculosis treatment that will probably be effective (can be based on susceptibility results)
 3. The employee is determined to be noninfectious by a physician knowledgeable and experienced in managing TB disease.
- B. Employees with extrapulmonary TB disease usually do not need to be excluded from the workplace if no involvement of the respiratory track has occurred. If they can be confirmed as noninfectious, they can continue to work if documented evidence is available that indicates that concurrent pulmonary TB disease has been excluded.
- C. Employees receiving treatment for LTBI can return to work immediately. Employees with LTBI who cannot take or do not accept or complete a full course of treatment for LTBI will not be excluded from the workplace.