

ADMINISTRATIVE POLICY

- 1 It is the policy of OPTIONS to strive to eliminate or minimize worker exposure to tuberculosis and to adhere to licensing, state and federal regulations governing worker protection.
- 2 This policy sets forth the Occupational Exposure Plan to Tuberculosis of OPTIONS as required by OSHA. OSHA enforcement guidance is based on the guidelines for preventing the transmission of tuberculosis in health care settings issued by the Centers for Disease Control (CDC) in 1990.
3. Plan
 - 3.1 Requirements and methods of implementation OPTIONS Will adopt an Occupational Exposure Plan to Tuberculosis and feasible modifications necessary to remain in compliance with OSHA and other regulatory agencies. Policies and procedures will be implemented as specified herein. This exposure control plan will be integrated into the Policy and Procedure Manual. It will be reviewed periodically and at least annually by the Safety/Infection Control Committee, Department of Human Resources and Quality Assurance Review Committee to assess compliance with current and evolving OSHA regulations and changes in exposure determination and institute changes as needed or desirable.
 - 3.2 A copy of the Occupational Exposure Plan will be located in the Policies and Procedures Manual of OPTIONS In accordance with Agency policy, employees may also request a copy of the plan from their supervisor. A copy of the Occupational Exposure Plan and OSHA requirements relative to occupational exposure to tuberculosis will be located in the Human Resources Department. Employees will be informed as to the location of and accessibility to the plan.
4. EXPOSURE DETERMINATION
 - 4.2.1 Prepare and update, as necessary (but no less than annually), a determination of employees who face a greater incidence of TB infection. This determination contains the following:
 - 4.2.1.1 A list of all job classifications in which employees have an increased exposure to TB; (see appendix for job description list.)
 - 4.2.1.2 Interns working more than 20 hours per week, as cited in California Law.

4.3 Protocol for early identification of individuals with active TB.

4.3.1 Probationary (new) employees

- 4.3.1.1 At the time of New Employee Orientation, employees with Exposure determination will be notified of the requirement regarding the Mantoux skin test. The test must be received not more than one year prior to or seven days after employment. The employee is responsible for having the test read by a qualified health care professional within 48-72 hours of having the test. If staff do not have their test read within this period of time, they will be required to repeat the test or have a chest x-ray at their own expense.
- 4.3.1.2 Since there is no reliable way of distinguishing tuberculin reactions (positive PPD tests) caused by a previous BCG vaccine from those caused by TB infection, probationary employees with a history of BCG vaccination will be considered infected with tuberculosis and will be evaluated for TB disease and managed accordingly.
- 4.3.1.3 Probationary employees who report a history of severe positive skin test reactions do not have to have the skin test repeated if there is written documentation of a previously positive reaction, or of completion of adequate preventive therapy, or of completion of adequate therapy for active disease.
- 4.3.1.4 If the Mantoux skin test is negative, then no further testing of the employee is required.
- 4.3.1.5 If the Mantoux skin test is positive, the employee must then have a chest x-ray to rule out the presence of active TB.
- 4.3.1.6 If a probationary employee is diagnosed as having active TB, they become ineligible for employment. They will be counseled to obtain the necessary medical treatment and complete the proscribed treatment. Once they have completed the course of treatment and no longer have active TB, they can reapply for employment.
- 4.3.1.7 If the probationary employee is diagnosed as having TB

Infection, but not the disease, he/she will be counseled to receive the preventive therapy and is made aware of the symptoms of active TB.

- 4.3.1.8 OPTIONS will be financially responsible for pre-employment skin testing and follow-up chest x-ray if indicated, but not for preventive therapy or treatment.

4.3.2 Regular employees:

- 4.3.2.1 For individuals presently employed by OPTIONS, the agency will provide PPD skin testing free of charge to the employee.
- 4.3.2.2 Since there is no reliable way of distinguishing tuberculin reactions (positive Mantoux skin tests), caused by a previous BCG vaccination from those caused by TB infection, employees with a history of BCG vaccination will be considered infected with tuberculosis and will be evaluated for TB disease and managed accordingly.
- 4.3.2.3 In the event that an employee refuses a skin test or a chest x-ray when indicated, their continued employment will be evaluated.
- 4.3.2.4 Employees who report a history of positive Mantoux skin tests do not need to have the test repeated if there is written documentation of a previously positive reaction to the Mantoux skin test, or of completion of adequate preventive therapy, or of completion of adequate therapy for active disease.
- 4.3.2.5 Employees, with previously known positive skin reactions followed by a documented chest x-ray that is negative do not need repeat chest x-rays regardless of the time elapsed since their negative chest x-ray. Repeat chest x-rays will be indicated only when an employee has symptoms suggestive of TB. Under these circumstances, OPTIONS will be financially responsible for the cost of these chest x-rays.
- 4.3.2.6 OPTIONS is not obligated to pay for the cost of a chest x-ray or treatment for an employee with a positive Mantoux skin test if the employee chooses to see his/her own

physician of choice other than physician offered by OPTIONS.

- 4.3.2.7 Employees with a positive Mantoux skin test or with skin-test conversions on repeat testing or after exposure will be clinically evaluated for active TB. An individual with symptoms suggestive of TB will be evaluated regardless of skin test results. If TB is diagnosed, appropriate therapy will be instituted according to CDC guidelines. Employees diagnosed with active TB will be offered counseling and HIV testing.
- 4.3.2.8 If an employee is diagnosed with pulmonary or laryngeal TB, the employee will be excluded from work until adequate treatment is instituted, cough is resolved, and sputum is free of bacilli on three consecutive days.
- 4.3.2.9 Employees with TB at sites other than the lungs or larynx will have their work assignments re-evaluated. Employees who discontinue treatment before the recommended course of therapy has been completed will not be allowed to work until treatment is resumed, an adequate response to therapy is documented, and they have negative sputum smears on three consecutive days.
- 4.3.2.10 Employee with TB infection who cannot take or do not accept or complete a full course of preventive therapy do not need to be excluded from work, but will be counseled about the risk of developing TB disease and should be instructed to seek evaluation promptly if symptoms develop that may be due to TB.

4.4 Medical surveillance for employees:

- 4.4.1 All employees in the designated departments will have an initial baseline screening not more than one year prior to or seven days after employment and will repeat the Mantoux skin test every three years.
- 4.4.2 Employees with positive Mantoux skin-test reactions do not need repeat chest x-rays after the initial chest x-ray (which is negative) is taken unless symptoms develop that clinically suggest the presence of TB disease.

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- 4.4.3 An employee who is experiencing symptoms consistent with active TB will be directed for Mantoux skin test. The CDC has identified the symptoms to be: a chronic productive cough, coughing up blood, weight loss, loss of appetite, lethargy/weakness, night sweats, or fever. If TB is diagnosed, appropriate therapy should be instituted at no cost to the individual.
 - 4.4.4 Employees with active TB who discontinue treatment before the recommended course of therapy has been completed will not be allowed to work until treatment is resumed, and adequate response to therapy is documented, and they have negative sputum smears on three consecutive days.
 - 4.4.5 Employees who are otherwise healthy and receiving preventive treatment for TB infection will be allowed to continue usual work activities.
 - 4.4.6 Employees with TB infection who cannot take or do not accept or complete a full course of preventive therapy will have their work situation evaluated to determine whether reassignment is indicated. These employees will be counseled about the risk of contracting disease and will be instructed to seek evaluation promptly if symptoms develop they may be due to TB.
- 4.5 Post Exposure Procedures: Requirements and methods of implementation
- 4.5.1 Following a report of an exposure incident, OPTIONS will make immediately available to the exposed employee, a confidential medical evaluation and follow-up without cost to the employee. Evaluation and follow-up will include:
 - 4.5.1.1 Documentation of the suspected routes of exposure.
 - 4.5.1.2 Circumstances under which the exposure occurred.
 - 4.5.1.3 Identification and documentation of source individual unless identification is not feasible. This information is confidential and will be given with the individual's permission only to those who need to know.
 - 4.5.1.4 When tuberculosis is diagnosed, the local health department will be notified by the diagnosing physician.
 - 4.5.2 Procedure for Post-Exposure:

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- 4.5.2.1 In addition to skin test screening every three years, employees will be evaluated if they have been exposed to a potentially infectious TB co-worker or program participant.
 - 4.5.2.2 Unless there has been documentation of a positive Mantoux skin test within the preceding three months, the exposed employee will receive a Mantoux skin test as soon as possible after exposure.
 - 4.5.2.3 If the initial Mantoux skin test is negative, the test will be repeated twelve weeks after the exposure.
 - 4.5.2.4 Exposed employees with Mantoux skin test reactions greater than 5 mm or with symptoms suggestive of TB will receive chest x-rays unless their baseline was 5 mm.
 - 4.5.2.5 Employees with previously known positive Mantoux skin-test reactions who have been exposed to an infectious co-worker or program participant do not require a repeat skin test or chest x-ray unless they have symptoms suggestive of TB.
- 4.5.3 Post-Exposure Medical Care: The employee will report to the Department of Human Resources; the employee will be directed to seek medical testing (Mantoux skin test) at a designated health care facility and given the following documentation to take with them:
- 4.5.3.1 A copy of OPTIONS Occupational Exposure to Airborne Pathogens Policies and Procedures.
 - 4.5.3.2 Consent form signed by employee granting consent for Mantoux skin test.
 - 4.5.3.3 Any other relevant forms required by the designated health care facility.
- 4.5.4 Evaluation of exposure incidents:
- 4.5.4.1 Following an exposure, an evaluation of all the relevant policies and controls will be made to identify and correct any problems that may be found in order to prevent a recurrence of similar incidents.

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4.5.4.2 A First Report of Injury form will be completed by the manager. The location and circumstances of the exposure will be specified on the report. The completed report will then be submitted to the Chief Operating Officer.

4.6 Record keeping

4.6.1 TB infections (positive TB Mantoux skin test) and TB disease, including baseline testing, will be recorded on the OSHA 200 log.

4.6.2 If an employee's TB infection has been entered on the OSHA 200 log progresses to TB disease within five years, the original entry for the infection will be updated to reflect the new information.

4.6.3 A medical record is required for each employee listed on the Exposure Determination and will include:

4.6.3.1 Name and social security number

4.6.3.2 Copy of all results of examinations, medical testing, and follow-up procedures as required by this policy.

4.6.3.3 A copy of the health care professional's written opinion when required for follow-up exposure.

4.6.4 All medical records required by this policy will be kept confidential and will not be disclosed or reported without the employee's expressed written consent except as required by this policy or as may be required by law.

4.6.5 Medical records will be maintained in Human Resources and will not be part of an employee's personnel record. Records will be maintained for the duration of employment plus 30 years.

4.6.6 Employee medical records required by this policy will be provided upon request for examination and copying to OSHA inspectors, the subject employee or to anyone having written consent of the subject employee in accordance with 29 CFR 1910.20.

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4.6.7 Transfer of records:

If it becomes necessary to transfer any records kept under this policy, the requirements of 29 CFR 1910 will be followed. If OPTIONS ceases to do business and there is no successor employer to receive or retain records, the employer will notify the Chief Operating Officer of the Occupational Safety and Health Administration at least three months prior to their disposal and transmit them to the Chief Operating Officer if required by the Chief Operating Officer to do so.

4.7 Environmental Controls:

4.7.1 OPTIONS provides a safe work environment for its employees including adequate engineering controls to prevent TB transmission.

4.7.2 Ventilation systems at OPTIONS facilities meet local and state requirements. Air quality and air flow will be monitored frequently.

4.8 Compliance: Ongoing compliance is assessed by the responsible persons herein.

5 Training:

5.1 Training will be delivered to all OPTIONS employees at the time of initial assignment or as soon as possible thereafter in order to ensure that staff know the hazards of TB transmission, its signs and symptoms, medical surveillance protocols, therapy/treatment, and specific controls used to halt the spread of TB. Training will be provided at no cost and during working hours.

5.2 Contents of training: The training program will consist of the following:

5.2.1 Accessibility to employees of a copy of the TB Guidelines published by the CDC and an explanation of its contents.

5.2.2 An explanation of these Guidelines and the means by which the employee can obtain a written copy of the plan.

5.2.3 A general explanation of the causes, symptoms, and control of TB.

5.2.4 An explanation of the modes of transmission of airborne pathogens.

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- 5.2.5 An explanation of the Mantoux skin test and the interpretation of its results.
- 5.2.6 An explanation of treatment for TB: the importance of compliance in drug therapy.
- 5.2.7 Procedures to follow if an exposure occurs, including method of reporting and medical follow-up that will be made available.
- 5.2.8 A suitable opportunity for employees taking the training to ask questions of the instructor.
- 5.3 Initial training:
 - 5.3.1 All OPTIONS employees are required to attend the Workplace Safety inservice training no later than 30 days from their date of hire.
 - 5.3.2 The Department of Human Resources will compile a list of new employees and this list will be used to check attendance at Workplace Safety training.
- 5.4 Record keeping:
 - 5.4.1 Requirements and methods of implementation
 - 5.4.1.1 Training Records: Training records will include the following information:
 - 5.4.1.1.1 Dates of training sessions.
 - 5.4.1.1.2 Contents of summary of training sessions
 - 5.4.1.1.3 Names and qualifications of persons conducting the training.
 - 5.4.1.1.4 Names and job titles of all persons attending the training sessions.
 - 5.4.1.2 Training records will be maintained by Director of Training for three years from the date on which training occurred. Training records will also be entered into training database. Proof of attendance at training

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session will include:

- 5.4.1.2.1 Signed certificate of attendance, From W-708, or
- 5.4.1.2.2 Sign-in sheet from training session.

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