	DISTRICT OF COLUMBIA DEPARTMENT OF CORRECTIONS **POLICY AND PROCEDURE**	**EFFECTIVE DATE:**	August 23, 2017	**Page 1 of 8**
		SUPERSEDES:	6050.1E May 5, 2015	
		OPI:	HEALTH SERVICES	
		REVIEW DATE:	August 23, 2018	
		Approving Authority	Quincy L. Booth Director	
	SUBJECT:	**TUBERCULOSIS CONTROL PROGRAM**		
	NUMBER:	**6050.1F**		
	Attachments:	Attachment A - Employee Tuberculosis Screening/Assessment Form		

SUMMARY OF CHANGES:

Section	Change
Change	*Minor changes made throughout the policy.*
	Attachment A – Employee Tuberculosis Screening/Assessment Form was added.

APPROVED:

_____ **8/23/17**

Quincy L. Booth, Director ***Date Signed***

1. **PURPOSE AND SCOPE.** To set forth a written policy to address the requirements and procedures for the management of tuberculosis within the DC Department of Corrections (DOC) and contract facilities.

2. **POLICY.** It is DOC policy to manage infectious and communicable diseases through prevention, education, identification, immunization (when applicable), treatment, follow-up, and reporting requirements of applicable local and federal agencies.

3. APPLICABILITY

a. This directive applies to all DOC employees, contractors and volunteers. DOC employees, contractors and volunteers shall receive initial and subsequent annual Tuberculosis screening as required under this policy.

b. Health care contractor employees shall provide documentation of required initial and subsequent annual Tuberculosis screening as required under this policy.

c. The DOC contractor for health care shall test inmates immediately upon admission and annually. The health care provider shall employ appropriate anti-tuberculosis controls among inmates to include prevention, education, treatment, investigation, reporting, follow-up and discharge planning.

4. NOTICE OF NON-DISCRIMINATION

a. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code §§ 2-1401.01 *et seq.*, (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of an intrafamily offense, or place of residence or business. Sexual harassment is a form of sex discrimination that is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.

5. **PROGRAM OBJECTIVE.** To provide clearly defined procedures for initial and on-going testing for infection, education, treatment, including treatment of latent tuberculosis, follow-up reporting and isolation, when indicated.

6. DIRECTIVES AFFECTED

a. Directives Rescinded

PP 6050.1E Tuberculosis Control Program (05/05/15)

b. Directives Referenced

PM 6000.1 Medical Management

7. AUTHORITY

a. D.C. Code §24-211.02. Powers, promulgation of rules.

b. US Department of Health and Human Services, Public Health Service, Centers for Disease Control (CDC), National Center for Prevention Services, Division of Tuberculosis Elimination; "Controlling TB in Correctional Facilities", dated 1995.

c. Centers for Disease Control and Prevention, Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Settings, MMWR 2005, 54 (No. RR-17).

d. Center for Disease Control and Prevention. Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC. MMWR 2006; 55 (No. RR-9).

e. 45 C.F.R. §§ 164.501 *et seq.*, Health Insurance Portability and Accountability Act of 1996 (HIPAA).

f. D.C. Code § 7-242, Use and disclosure of health and human services information.

g. D.C. Code §§ 7-131 *et seq.*, "Prevention of Spread of Communicable Diseases."

h. DCMR §§ 22-B200 *et seq.*, "Communicable and Reportable Diseases."

8. STANDARDS REFERENCED

a. National Commission on Correctional Health Care, Standards for Health Services in Jails, Infection Control Program — J -13.

b. American Public Health Association, Standards for Health Services in Correctional Institutions, “Primary Health Care Services”.

c. American Correctional Association (ACA) 4th Edition Standards for Adult Local Detention Facilities; 4-ALDF-4D-06

9. INITIAL SCREENING

a. New Employees and Health Care Contract Employees. Prior to starting employment at any DOC or contract facility; DOC and contractor employees shall present documentation of the results of a Mantoux tuberculin skin test (TST), Interferon Gamma Release (IGRA) blood test assay or certification based upon a previous positive test reaction that the individual completed or is receiving preventive drug therapy for active TB disease.

b. Volunteers, prior to volunteering at any DOC or contract facility, shall present documentation of results of a Mantoux tuberculin skin test (TST), IRGA blood test assay or certification based upon a previous positive test reaction that the individual completed or is receiving preventive drug therapy for active TB disease.

10. MANDATORY ANNUAL SCREENING

a. DOC shall provide annual TB screening to DOC employees at no cost to the employee. Employees shall complete and sign an Employee Tuberculosis Screening/Assessment Form prior to screening (Attachment A).

b. DOC shall provide advance notice of designated dates, times and locations where testing shall take place.

c. During the mandatory screening timeframe, employees have the option of undergoing screening independently. If the employee chooses to have an independent screening, they shall incur all associated expenses and shall provide required documentation within the designated timeframe. The employee shall submit the necessary documentation to the Warden/Administrator/Office Chief who shall submit the documentation to

Health Services. There will be a published deadline for providing required documentation.

d. Individual Employees failing to receive and/or produce documentation of their annual TB clearance shall be subject to administrative disciplinary action that may include temporary removal from employment without pay, and/or termination.

e. Health care contractors shall provide proof of their employees' annual Tuberculosis screening to the Office of Health Services.

f. Volunteers shall provide proof of their annual Tuberculosis screening to the Office of Health Services.

11. TESTING PROTOCOL

a. All employees to be screened will complete a history/symptoms screening form which must be completed in front of the health care provider conducting the screening and must be promptly returned.

b. *TST Negative.* DOC and health care contractor employees and volunteers who tested negative shall undergo annual repeat TST testing.

c. Foreign-born individuals who have a history of vaccination with bacile of Calmette Guerin (BCG) shall receive a tuberculin skin test (TST).

d. *Past Positive*

1) DOC employees, health care contractor employees and volunteers who have a documented history of a past positive TST test, INH prophylaxis, treatment for tuberculosis, or evidence of old TB on x-ray, and who have received adequate treatment for the disease or adequate preventive therapy for infection, will be exempted from further Mantoux skin testing.

2) DOC employees who participate in the DOC annual TB Screening program shall receive a symptoms check by a qualified health care provider to ensure that the employee is free of tuberculosis. A chest x-ray may be ordered at the discretion of the DOC Medical Director.

3) DOC employees who do not have active TB shall be evaluated for preventive therapy by their private medical provider (PMP) or the local health department.

e. DOC Employees with a latent TB infection who cannot take or who do not accept or complete a full course of preventive therapy shall not be excluded from the workplace. These individuals shall be counseled about the risk of developing active TB and instructed regularly to seek prompt evaluation if signs or symptoms develop that could be caused by TB.

12. POSITIVE TEST RESULTS (EMPLOYEES)

a. All newly diagnosed TST positive test results or TST conversions shall be evaluated promptly for active TB disease.

b. All individuals in the DOC who have a TST test result between 5-9 mm will be considered positive for this high risk population.

c. Individuals tested shall be informed about interpretation of both positive and negative TST results at the time the test is read. This information shall indicate that interpretation of an induration that is 5-9 mm in diameter depends on the individual's immune status and history of exposure to persons who have infectious TB.

d. An employee with symptoms compatible with TB shall be excluded from the workplace until either:

1) A diagnosis of active TB is ruled out, or

2) A diagnosis of active TB was established, the individual is being treated, and a determination has been made that the individual is non-infectious by a physician who documents three consecutive negative sputum smears obtained on different days.

13. POSITIVE TEST RESULTS (VOLUNTEERS)

a. All newly diagnosed with TST positive test results or TST conversions shall be evaluated promptly for active TB disease and provide documentation to DOC that they are free of Tuberculosis.

14. POSITIVE TEST RESULTS (INMATES)

a. All newly diagnosed TST positive test results or TST conversions shall be evaluated promptly for active TB disease.

b. All individuals in the DOC who have a TST result between 5-9 mm will be

considered positive for this high risk population.

c. Individuals tested shall be informed about interpretation of both positive and negative TST results at the time the test is read. This information shall indicate that interpretation of an induration that is 5-9 mm in diameter depends on the individual's immune status and history of exposure to persons who have infectious TB.

1) If symptoms compatible with TB are present, the inmate shall be placed in housing compatible for treatment.

15. FOLLOW-UP EVALUATION AND MANAGEMENT OF POSITIVE (+) TST RESULTS OR ACTIVE TB DISEASE FOR EMPLOYEES, HEALTH CARE CONTRACTORS AND VOLUNTEERS

a. DOC employees, health care contractors and volunteers requiring medical follow-up shall be referred to the D.C. Department of Health Bureau of TB Control or to their private medical provider.

b. All follow-up evaluation, treatment and management of infection or disease for persons other than inmates shall be the responsibility of the private medical provider (PMP) of the individual.

c. Before a DOC employee, health care contract employee or volunteer who has TB can return to the workplace, he/she shall provide the Health Services Administrator with documentation from his/her health care provider indicating that the individual is free and clear of active disease, is receiving adequate therapy, the individual's cough has resolved, and the individual has had three consecutive negative sputum smears collected on different days.

d. The DOC Medical Officer shall assess the case and submit a recommendation of whether the employee is able to return to work.

16. CONTACT INVESTIGATIONS

a. Whenever infectious pulmonary or laryngeal TB disease is suspected or diagnosed, all close contacts shall be tested unless there is a documented history of a positive skin test. This includes all staff and inmates who live or work in the housing unit or program area with the inmate or who have had a contact visit or other encounter with the affected inmate during his or her

infectious period.

b. The “concentric circle” approach shall be used to determine the extent of contact investigation needed. The initial circle shall include persons who were most likely to have been infected by the source case. This first group shall include persons who shared breathing space with the source case for the longest time, persons who may have spent less time with the source case but are immunosuppressed, and persons with symptoms of TB.

c. If positive TST results are identified among persons in the first group or circle with no previous history of TB infection, new infections may have occurred. In such cases, the investigation shall be expanded until TST identifies a group of persons with no evidence of TB infection.

d. Close contacts with an initially negative TST during contact investigation shall be retested in 8-10 weeks. Negative TST during contact investigation shall be retested in three (3) months.

e. All contact investigations shall be documented by the D.C. Department of Health Bureau of TB Control. The DOC shall work closely with their healthcare vendor’s Infection Control Specialist and the DOH Bureau on all contact investigations.

17. DOCUMENTATION

a. All employee tuberculosis screening information shall be recorded and maintained as a confidential document by health services personnel. Additional database information of all employees TST results, referrals and related information shall be maintained electronically and controlled to ensure confidentiality.

b. During contact investigations, the confidentiality of the suspected or diagnosed person shall be maintained.

Attachment

Attachment A – Employee Tuberculosis Screening/Assessment Form