

**Department of Behavioral Health
TRANSMITTAL LETTER**

SUBJECT Tuberculosis Control		
POLICY NUMBER DBH Policy 650.1	DATE FEB 14 2014	TL# 231

Purpose. To minimize employee exposure to, and subsequent infection with, Tuberculosis (TB), the Department of Behavioral Health (DBH) will enforce the recommendations of the Centers for Disease Control (CDC) regarding the prevention of occupational exposure of TB among its employees.

This revision adopts the policy from the former Department of Mental Health, now merged into the new Department of Behavioral Health, in accordance with the DBH Establishment Act of 2013.

Applicability. All DBH employees (including interns and residents), students and trainees, and contractors.

Policy Clearance. Reviewed by affected responsible staff and cleared through appropriate Behavioral Health Authority (BHA) offices.

Implementation Plans. Specific staff whose roles are relevant to the implementation of this policy should be trained, as needed. Program managers are responsible for following through to ensure compliance.

Policy Dissemination and Filing Instructions. Managers/supervisors of DBH and DBH contractors must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must promptly file this policy in the DBH Policy and Procedures Manual and contractors must ensure that this policy is maintained in accordance with their internal procedures.

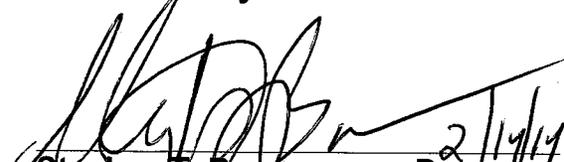
ACTION

REMOVE AND DESTROY

DMH Policy 650.1

INSERT

DBH Policy 650.1


Stephen W. Baron Date 2/14/14
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF BEHAVIORAL HEALTH	Policy No. 650.1	Date FEB 14 2014	Page 1
	Supersedes DMH Policy 650.1, same subject, dated October 23, 2012.		
Subject: Tuberculosis Control			

1. **Purpose.** To minimize employee exposure to, and subsequent infection with, Tuberculosis (TB), the Department of Behavioral Health (DBH) will enforce the recommendations of the Centers for Disease Control (CDC) regarding the prevention of occupational exposure of TB among its employees.

2. **Applicability.** All DBH employees (including interns and residents), students and trainees, and contractors.

3. **Authority.** Department of Behavioral Health Establishment Act of 2013; CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings; District of Columbia Personnel Manual, Chapter 12, Section 1242.1(c); and 7 DCMR, Chapter 1, Public Sector Worker's Compensation Benefits.

4. **Policy.** To provide and enforce the recommendations of the CDC regarding the prevention of occupational exposure of TB among employees.

5. **Definitions.**

5a. **Tuberculosis** - TB is a potentially serious infectious disease that primarily affects the lungs. The bacteria that cause tuberculosis are spread from person to person through tiny droplets released into the air via coughs and sneezes. TB can also affect other parts of the body such as the brain, kidneys, or the spine and if untreated, can cause death.

5b. **Tuberculin Skin Test (TST)** - A tuberculin skin test is the instrument used to detect if an individual has ever had (TB). The test is done by putting a small amount of TB protein (antigens) under the top layer of skin on the inner forearm. If exposed to the TB bacteria (*Mycobacterium tuberculosis*), the skin will react to the antigens. A tuberculin skin test cannot tell how long an individual has been infected with TB. It also cannot tell if the infection is latent (inactive) or is active and can be passed to others.

5c. **Latent TB** - In this condition, you have a TB infection, but the bacteria remain in your body in an inactive state and cause no symptoms. Latent TB, also called inactive TB or TB infection, isn't contagious.

5d. **Active TB** - This condition makes you sick and can spread to others. It can occur in the first few weeks after infection with the TB bacteria, or it might occur years later. Most people infected with TB germs never develop active TB.

5e. **TB source case** - A person with infectious TB disease who is responsible for transmitting *M. tuberculosis* to others.

5f. **HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)** - The core District government agency to prevent Human Immunodeficiency Virus (HIV)/Acquired Immune

Deficiency Syndrome (AIDS), Sexually Transmitted Disease (STD), Tuberculosis and Hepatitis; reduce transmission of the diseases; and provide care and treatment to persons with the diseases. HAHSTA partners with health and community-based organizations to offer testing and counseling, prevention education and intervention, free condoms, medical support, free medication and insurance, housing, nutrition, personal care, emergency services, and direct services at its STD and TB Clinics and more for residents of the District and the metropolitan region.

6. **Risk Factors.** Risk factors that may increase the likelihood of acquiring TB include the following:

- A weakened immune system caused by illness and medication, diabetes, end-stage kidney disorders, cancer treatment, and medication to prevent rejection of transplanted organs.
- Some drugs used to treat rheumatoid arthritis, crohn's disease and psoriasis.
- Individuals who live in or travel to countries that have high rates of tuberculosis, such as Sub-Saharan Africa, India, China, Mexico, the islands of Southeast Asia and Micronesia, or parts of the former Soviet Union.
- Health care workers or employees living or working in residential care facilities.
- Workers who have regular contact with people who are ill.
- Workers who live or work in prisons, immigration centers or nursing homes as the risk of acquiring the disease is higher anywhere there is overcrowding or poor ventilation.
- Other factors such as malnutrition, advanced age, poverty, HIV/AIDS, or substance abuse which may cause a weakened immune systems and increase risk for TB infection/illness.

7. **General Symptoms of TB.**

7a. Although your body may harbor the bacteria that cause TB, the immune system can usually prevent illness. Some general signs and symptoms of active TB may include:

- | | |
|--------------------------|---------------------------|
| * Persistent cough | * Unexplained weight loss |
| * Fatigue | * Fever |
| * Drenching night sweats | * Chills |
| * Loss of appetite | |

7b. Employees should see their treating health care provider if they have any of the above symptoms. These are often signs of TB, but they can also result from other medical problems. Your treating health care provider can perform tests to help determine the cause.

8. **Protecting Colleagues from Exposure to Infection in the Workplace.** Employees who contract the flu, experience persistent coughing, or have any other readily contagious illness, should remain at home until they are cleared by their treating health care provider to return to work.

9. **Exposure Incident Procedures.** (also see Exhibit 1, DBH Tuberculosis Flow Chart). In the event of an employee notifying a supervisor of a positive TB skin test or other related medical information, the following procedures must be followed:

9a. The supervisor shall request that the employee provide a medical work clearance from their treating health care provider.

- If the employee does not have a medical clearance, immediately dismiss the employee from work and refer them back to their treating health care provider for a medical clearance to return to work, and immediately inform Human Resources.

9b. Supervisors should verbally notify the DBH Risk Manager (RM) of the incident with as much information as possible regarding the situation within one (1) hour of learning of the exposure, with an email confirmation of the information to the RM.

9c. The RM shall immediately notify the Chief of Staff and the DBH Director of the situation and plan of action to mitigate additional exposure. Employees that may have been exposed by the TB source case employee will be identified and notified by the RM of the incident with recommendations.

9d. Any occurrence of a positive TB skin test as well as active infection must be recorded by the supervisor on the agency's Major Unusual Incident Report and provided to the Office of Accountability (OA), as well as the RM.

(1) If it is determined that the source case employee/contractor was exposed to TB due a workplace exposure, the DBH employee shall be required to take the first three (3) days of accrued sick, annual, or compensatory leave, or leave without pay if the employee has no accrued leave. The contractor shall follow the guidelines of their employer.

- Exceptions for administrative leave may be granted as approved by the DBH Director.
- If additional time off from work is required, based on information provided by the treating health care provider or HAHSTA, the DBH employee shall be compensated through the Worker's Compensation program.

(2) If it is determined that the source case employee/contractor was not exposed due a workplace exposure, the DBH employee shall be required to take accrued sick, annual, or compensatory leave, or leave without pay if the employee has no accrued leave as indicated in Chapter 12, Section 1242.1(c) of the District Personnel Manual. The contractor shall follow the guidelines of their employer.

(3) DBH contractors may not return to work until they provide a medical work clearance from their treating health care provider.

9e. If the source case employee's/contractor's diagnostic tests indicate this employee does not have active TB, with the appropriate medical clearance documentation, the employee can return to work. The testing results of the source case employee/contractor will be shared with the DBH Director and the Chief of Staff.

9f. If the diagnostic tests indicate the source case employee/contractor has active TB, this confirmed case of occupational exposure will be immediately reported to the District of Columbia, Department of Health (DOH), HAHSTA by the RM. The RM shall also notify the DBH Director, Chief of Staff, and all supervisors of the test results and other information for each employee involved in the event.

9g. HAHSTA shall lead any investigation of the incident.

(1) All employees/contractors that may have been exposed to the source case employee will be referred to HAHSTA by the RM and will be required to follow the directions of

HAHSTA regarding occupational exposure for the investigation, testing, referral, and follow-up.

(2) If HAHSTA determines that the exposed employees need to be off duty, the immediate supervisor shall contact the Worker's Compensation program to report the claim of workplace illness, injury or exposure for DBH employees that may have been exposed to the source case employee.

(a) The employees shall be required to take the first three (3) days of accrued sick, annual, or compensatory leave, or leave without pay if the employee has no accrued leave. The contractor shall follow the guidelines of their employer.

(b) Exceptions for administrative leave may be granted as approved by the DBH Director.

(c) If additional time off work is required by a treating health care provider, the employee shall be compensated through the Worker's Compensation program.

(3) HAHSTA completes the investigation, testing, and any required treatment for all exposed employees. Employees/contractors must present the appropriate medical clearance documents from HAHSTA or their treating health care provider to their supervisor before returning to work.

(4) The supervisors shall inform the RM of the medical clearance information and provide all updated information to the DBH Director and Chief of Staff.

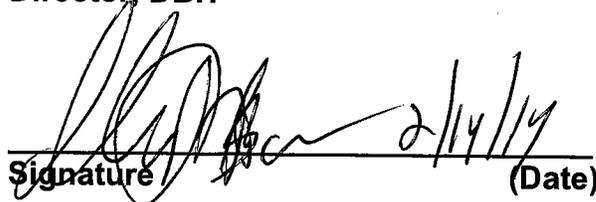
10. **Questions.** Questions related to this policy should be directed to the DBH Risk Manager (RM), at 202-673-7690.

11. **Exhibits.**

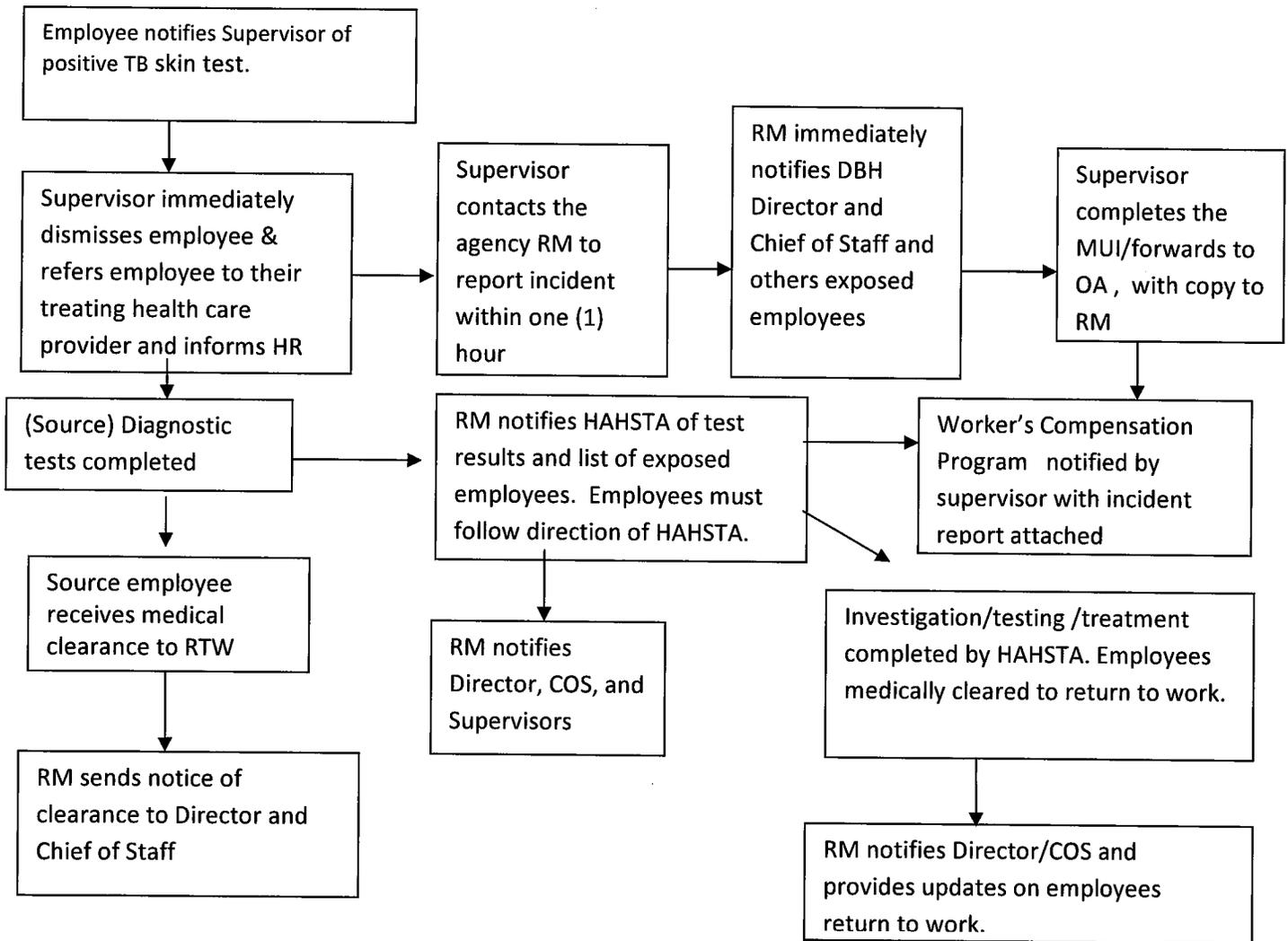
Exhibit 1 – Flow chart

Approved By:

**Stephen T. Baron
Director, DBH**


Signature _____ (Date) 2/14/14

DBH Tuberculosis Flow Chart



TB - Tuberculosis
 HR - Human Resources
 RTW - Return to work
 RM - Risk Manager
 HAHSTA - HIV/AIDS, Hepatitis, STD, and TB Administration
 COS - Chief of Staff
 MUI - Major Unusual Incident
 OA - Office of Accountability