
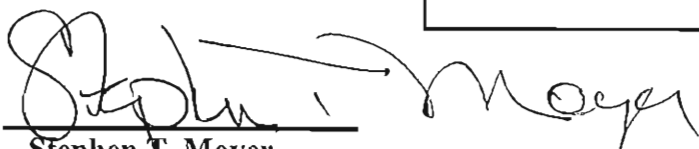


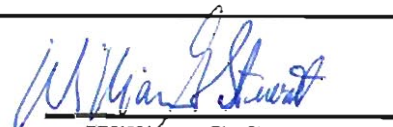
Executive Directive



Title: Employee Tuberculosis Prevention Program	Executive Directive Number: ADM.055.0005 Revised
Related MD Statute/Regulations: Correctional Services Article, §2-103, Annotated Code of Maryland; State Personnel and Pensions Article, §9-1103, Annotated Code of Maryland; 29 CFR §1910.134	Supersedes: DPSCS.055.0005, dated August 21, 2015
Related ACA Standards: 4-4386; 2-CO-1C-19; 4-ALDF-4C-14 & 15; 1-CORE-4C-06	Responsible Authority:  Executive Director, Human Resources Services Division
Related MCCS Standards: N/A	Effective Date: December 4, 2017 Number of Pages: 8



Stephen T. Moyer
Secretary



William G. Stewart
Deputy Secretary
for Administration

.01 Purpose.

This directive updates policy and procedures for the Employee Tuberculosis Prevention Program for the Department of Public Safety and Correctional Services (Department).

.02 Scope.

This directive applies to all units of the Department.

.03 Policy.

- A. The Department shall initiate and maintain action to prevent workplace-related injury or illness by:
- (1) Reducing operational risks;
 - (2) Developing, implementing, and maintaining a cost-effective respiratory protection program; and
 - (3) Providing equipment and related training effective in safeguarding employees against respiratory hazards.
- B. The Department, in cooperation with responsible public health authorities, shall develop, implement, and maintain an Employee Tuberculosis Prevention Program (Program) administered by the Nursing Services Unit (NSU) under the Department's Human Resources Services Division (HRSD).

.04 Definitions.

A. In this directive, the following terms have the meanings indicated.

B. Terms Defined.

- (1) Designated Correctional Position.

- (a) “Designated correctional position” means a position that includes responsibilities or duties that regularly require the employee in that position to enter a correctional facility or places the employee in close proximity to an inmate, detainee, or offender.
 - (b) “Designated correctional position” includes other positions identified by the Nurse Administrator - NSU.
- (2) Employee.
- (a) “Employee” means an individual working for or assigned to the Department on a full or part-time basis in a permanent or contractual position.
 - (b) “Employee” includes a volunteer and intern.
 - (c) “Employee” does not include an individual working for a business or organization under contract to the Department.
- (3) “Exposure” means coming into contact with a contaminate through inhalation, ingestion, skin contact or absorption.
- (4) “Managing official” has the meaning stated in Correctional Services Article, §1-101, Annotated Code of Maryland.
- (5) “Nursing Services Unit staff “includes a licensed practical nurse (LPN) and registered nurse (RN).”
- (6) “Personal protective equipment” (PPE) means an N95 particulate respirator or other apparatus approved by the National Institute for Occupational Safety and Health (NIOSH) worn to protect an individual’s respiratory tract from environmental tuberculosis (TB) hazards.
- (7) TB “Assessment” includes intra-dermal tuberculin skin testing for applicable employees or applicants and/or assessment of symptoms and respiratory status for those where the Tuberculin skin test is contraindicated using the Annual/Contact Exposure Tuberculosis form (attached).
- (8) “TST” means an intra-dermal tuberculin skin test.

.05 Responsibility.

- A. The Executive Director of the Department’s Human Resources Services Division (Executive Director), or a designee, is responsible for:
- (1) In cooperation with responsible public health authorities, establishing and maintaining a program to minimize the risks for exposure to and contracting tuberculosis (TB) consistent with requirements of the Department’s Respiratory Protection Program that, at a minimum, includes provisions for:
 - (a) Initial, annual, on-demand, and follow-up TB assessment, testing, and evaluation;
 - (b) TB-related training and education;

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- (c) Identification and use of technical, engineering, and work practices to minimize exposure to TB; and
- (d) Identification, acquisition, and use of personal protective equipment;
- (2) Establishing and distributing to each affected facility a list of designated correctional positions identified as the highest risk for TB infection or disease;
- (3) Ensuring that, as a condition of employment, a new employee, an employee currently in, and an employee transferred to a designated correctional position , is annually assessed for risk of TB;
- (4) Ensuring that appropriate treatment, services, and benefits are provided, at no cost, to an employee assessed to be at risk of TB and who subsequently tests positive for TB; and
- (5) Ensuring that a confidential record-keeping system is maintained for TB assessment, testing, and services provided to employees testing positive for TB.

B. TB Assessment.

- (1) Except for provisions under §.05B(2) or .05C(1) of this directive, the Department, without cost to the employee, shall annually assess each current employee in a designated correctional position for risk of TB infection or disease.
- (2) Except for provisions under §.05C(2) of this directive, the Department, without cost to the applicant, shall, before hiring an applicant who has accepted a conditional offer of employment for a designated correctional position, assess and test the applicant for risk of TB infection or disease.
- (3) Except for provisions under §.05C(1) of this directive, the Department, without cost to the employee, shall annually or semi-annually according to the position in which the employee is working, assess each employee not previously subject to assessment or testing under this directive who transfers or is promoted to a designated correctional position for risk of TB infection or disease.
- (4) The Department shall, consistent with available resources, provide free TB assessment and, if necessary, testing for an employee who, although not required to test, volunteers for TB assessment.
- (5) The Department shall provide, free of charge, follow-up testing, services and benefits to an employee testing positive for TB (active disease or latent infection) consistent with this directive and statute.
- (6) The Department shall consider time used by an employee participating in TB assessment and testing as work time or leave time consistent with this directive and statute.

C. Exemptions from TB TST.

- (1) A current, transferring, or promoted employee is exempt from an annual or semi-annual TB TST requirement if the employee has medical documentation indicating that the employee has tested positive for TB (active disease or latent infection). That exemption shall remain permanent for the employee's term of employment with the Department, however the employee is required to submit to annual TB assessment.

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- (2) An applicant is exempt from a TB TST requirement at the time of hire if the applicant has medical documentation:
 - (a) Indicating the applicant:
 - (i) Had a previously reactive TST; and
 - (ii) Demonstrates no evidence of exposure per §.05C(4); or
 - (b) Certifying that the applicant, who has previously tested positive for TB:
 - (i) Has received appropriate treatment for TB; and
 - (ii) Is not contagious with TB.
- (3) The Department may not hire an applicant previously assessed to be at risk or testing positive for TB (active disease or latent infection) unless the applicant provides documentation medically certifying that the applicant:
 - (a) Has received appropriate treatment for TB; and
 - (b) Is not contagious with TB.
- (4) Chest X-Rays shall be performed within 7 years of the annual TB assessment date.
 - (a) A chest x-ray dated greater than 7 years shall be repeated and presented to the Department within 10 days of the TB assessment.
 - (b) An employee may continue to work if asymptomatic during the 10 day period permitted under .05C(4) of this directive.

D. TB Testing Subsequent to Exposure.

- (1) An employee who is unexpectedly exposed to TB, or becomes aware that the employee was exposed to TB, shall immediately report the exposure to the employee's supervisor.
- (2) A supervisor receiving notification of, or with knowledge of, an employee exposed to TB shall:
 - (a) Immediately notify the NSU; and
 - (b) Comply with instructions provided for:
 - (i) Assisting the employee exposed to TB; and
 - (ii) Preventing exposure to others who may be affected by the employee's presence.
- (3) If the NSU receives notification of an employee exposure to TB, the NSU's LPN or RN shall:
 - (a) Instruct the employee making the notification of steps to be taken for:

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- (i) Evaluating the exposure;
 - (ii) Facilitating treatment for the employee; and
 - (iii) Preventing additional exposure to others;
- (b) Arrange for the employee to be tested for TB (both initial and follow up testing);
 - (c) Notify the employee of the date, time, and location of the TB testing;
 - (d) Track the TB testing and receive the result of the TB testing;
 - (e) Notify the employee directly, and in writing, of the result of the TB testing;
 - (f) Refer the employee to the Department designated medical provider for treatment which, at the discretion of the medical provider, may include follow-up diagnostic testing if the TST or blood test result is positive for TB;
 - (g) Ensure that an employee with a positive TST or blood test has been referred to the Department designated medical provider and counseled about needing appropriate medical management for TB; and
 - (h) Notify the Employee Health Services Unit (EHSU) of activity taken as a result of the exposure.

E. Positive TST.

- (1) The Department may not hire an applicant assessed to be a risk of, testing positive for TB, or with documentation indicating a previous positive test for TB until the applicant provides, at the applicant's expense, medical certification that the applicant:
 - (a) Has received appropriate treatment for TB; and
 - (b) Is not contagious with TB.
- (2) If an employee tests positive for TB (active disease or latent infection), the Nursing Services Unit shall:
 - (a) Refer the employee for immediate clinical evaluation within 72 hours of notification of the positive test result;
 - (b) Refer the employee to the Department designated medical provider or an appropriate medical facility for a medical evaluation that, at a minimum, includes a chest X-ray;
 - (c) Immediately remove the employee from the work site, if the employee demonstrates symptoms of TB;
 - (d) Ensure that the evaluation under §.05E(2)(b) of this directive is scheduled so that the written results of the evaluation are submitted to the NSU no later than 10 work days following initial notification to the employee;

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(e) Advise the employee's managing official that if during the 10 days under §.05E(2)(d) of this directive the employee demonstrates symptoms of TB as provided by the NSU or the medical evaluation under §.05E(2)(b) of this directive indicates the employee is contagious with TB (active disease or latent infection), the managing official shall:

(i) Immediately place the employee on paid leave according to provisions under State Personnel and Pensions Article, §9-1103, Annotated Code of Maryland; and

(ii) Ensure immediate care by the Department's designated medical provider.

(3) If a medical evaluation under §.05E(2)(b) of this directive indicates an employee is contagious with active TB, the employee shall be referred to the Department designated medical provider for treatment, at no cost to the employee, according to provisions under State Personnel and Pensions Article, §9-1103, Annotated Code of Maryland; and

(4) The Department designated medical provider may not permit an employee determined to be contagious with TB (disease or infection) under this directive to return to work in any capacity until the employee can be medically certified as not contagious with active TB.

F. Positive Assessment.

(1) NSU staff shall clarify responses to the TB assessment with the employee being assessed.

(2) After completing an assessment, NSU staff shall:

(a) Confer with appropriate medical staff on questionable assessment responses to determine if the employee is symptomatic for TB; or

(b) Refer the employee to the Department designated medical provider for TB evaluation and testing if the assessment responses clearly indicate the employee to be symptomatic for TB.

G. Training.

(1) Department TB prevention training under this directive shall include material required by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services and the Maryland Department of Health and Mental Hygiene.

(2) The Department shall provide each new employee in a designated correctional position TB prevention training as part of the employee's orientation.

(3) The Department shall provide each employee transferred or promoted into a designated correctional position from a position that is not a designated correctional position training as part of the employee's orientation related to the designated correctional position.

(4) A current employee in a designated correctional position shall receive annual TB prevention update materials as part of the required in-service training program authorized by the Department.

H. Personal Protective Equipment (PPE). — The Department shall ensure that an employee in a designated correctional position is:

(1) Provided with properly approved personal protective equipment at no cost to the employee;

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- (2) Evaluated for respirator use according to Department and Occupational Safety and Health Administration (OSHA) respiratory protection program requirements;
- (3) Trained in the use and maintenance of personal protective equipment; and
- (4) When required, wears personal protective equipment according to the provisions of the Department's Respiratory Protection Program.

I. Records.

- (1) All communications and documents produced in connection with employee TB assessment, testing, and evaluation are confidential medical records.
- (2) The Department shall file and maintain all written, electronic, and recorded material related to an employee undergoing TB assessment, testing, or evaluation, mandatory or voluntary, in the employee's medical record.

J. Data Analysis and Reporting.

- (1) The NSU shall collect information concerning Program evaluation for the purpose of risk assessment.
- (2) At least quarterly, the NSU shall assemble a team of clinicians, security staff, and administrative staff to review the Department's communicable disease and infection control activities to evaluate effectiveness and determine the need for modification or new activities.
- (3) Annually, the NSU shall produce a written report based upon the previous calendar year for the Secretary that summarizes, at a minimum:
 - (a) The status of the Program;
 - (b) Risk assessment, positive test results, the conversion rate, and medical evaluations by facility;
 - (c) Exposure incidents and results of contact investigations;
 - (d) Training; and
 - (e) Recommendation for Program improvement or change.

.06 Attachment(s).

Employee Tuberculosis (TB) Screening Assessment

.07 History.

- A. This directive replaces Department Directive DPSCS.055.0005 — Employee Tuberculosis Prevention Program dated August 21, 2015.
- B. This directive supersedes provisions of any other prior existing Department or unit communication with which it may be in conflict.

.08 Correctional Facility Distribution Code.

A
D



Maryland Department of Public Safety and Correctional Services

Employee Infection Control Unit

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Baltimore, Maryland 21215

CONFIDENTIAL

Employee Tuberculosis (TB) Screening Assessment

This section is to be completed by the employee. Please print clearly.

Form with fields for: APPLICANT/EMPLOYEE NAME (LAST, FIRST, M.I., SEX), SOCIAL SECURITY NUMBER, DATE OF BIRTH, WORK TELEPHONE/EXT, INSTITUTION/AGENCY/SHIFT/DEPT., DIETARY EMPLOYEE (YES/NO), INFIRMARY EMPLOYEE (YES/NO), TRANSPORTATION EMPLOYEE (YES/NO), HOME ADDRESS & ZIP CODE, CELL/HOME TELEPHONE NUMBER, PRIOR TB SKIN TEST (YES/NO), RESULTS (POS./NEG.).

Have you experienced any of the following symptoms or significant changes in your health within the past year or since your last TB Test?

- Persistent coughing (3 weeks or more) [] Yes [] No
Night sweats (soak the sheets) [] Yes [] No
Coughing up blood or bloody sputum [] Yes [] No
Unexplained, excessive fatigue [] Yes [] No
Unexplained weight loss (10 or more lbs.) [] Yes [] No
Persistent fever [] Yes [] No

If you responded "YES" to any of the above, please describe:

Horizontal lines for describing symptoms.

- 1. Have you ever had a BCG vaccine for TB? [] Yes [] No
2. Since your last TB skin test, have you had an abnormal chest x-ray? [] Yes [] No
3. Since your last TB skin test, has a health practitioner told you that your immune system isn't working properly or cannot fight infection? [] Yes [] No
4. Have you cared for, or lived with anyone diagnosed with active TB Disease within the past year? [] Yes [] No
5. Have you traveled outside of the United States within the past year? [] Yes [] No
6. Have you worked or volunteered in a setting where TB may be more common, such as a homeless shelter, nursing home, or group home within the past year? [] Yes [] No

If you responded "Yes" to any of the above, please describe:

Horizontal lines for describing responses.

This form has been explained to me, I understand its purpose, and I have been provided the opportunity to ask questions before signing. I certify that the information I have provided is complete and true to the best of my knowledge.

Employee's Signature and Date

To be completed by healthcare provider only:

Form with fields for: Exam Type (Baseline, Annual/Routine, Questionnaire), Referred for (Quantiferon Blood Test, TST), Staff Nurse Signature & Date (Employees), Physician's Signature & Date (Applicants).