POLICY STATEMENT:

The Department shall have a program in place to prevent the transmission of tuberculosis (TB) in employees that is consistent with guidelines of the Centers for Disease Control and Prevention and with federal and state requirements.

RELATED POLICY:

03.04.110 Control of Communicable Diseases

STATE-WIDE OPERATING PROCEDURE

02.04.110 Control of Tuberculosis in Employees

POLICY:

DEFINITIONS

A. Corrections Officer Applicant - A Corrections Officer candidate going through the hiring process.

B. Corrections Officer Recruit - An employee who has been hired as a new Corrections Officer and is going through the Corrections Officer New Employee School.

C. Employee - Includes full-time and part-time State of Michigan employees who work in a Correctional Facilities Administration (CFA) facility and the Lake County Residential Reentry Program (LCRRP).

D. Mantoux Tuberculosis Skin Test - An intradermal injection in the surface of the forearm of 0.1 ml purified protein derivative (PPD) containing 5 tuberculin units.

E. Positive Skin Test - A tuberculin reaction of 10 mm or more in induration is classified as positive for all persons, except a tuberculin reaction of 5 mm or more in induration is classified as positive in persons who are close contacts of a person with active TB, persons with stable chest radiographs (x-rays) with fibrotic lesions likely to represent old healed TB, or persons with known or suspected HIV infection.

F. Regular Prisoner Contact - Direct contact with prisoners on a daily, or almost daily, basis.

GENERAL INFORMATION

G. Employees with regular prisoner contact and at LCRRP shall be tested for TB upon hire and annually thereafter. FOA Employees in field offices shall be tested for TB upon hire and tested subsequently as deemed necessary. Employees without regular prisoner contact (e.g., Grandview Plaza) are not required to be tested. Administration and interpretation of the Mantoux TB skin tests and periodic evaluations shall occur at no cost to the employee if administered by Bureau of Health Care Services (BHCS) staff. Employees who elect to receive testing from their personal physician or local health department may do so at the employee’s own expense. Family members and significant others choosing to undergo TB testing may do so at their own expense. The local Human Resources Office shall ensure that employees with a positive skin test, skin test conversion on repeat testing or who
exhibit symptoms of TB receive evaluation and management at no cost to the employee. Medical costs not covered by insurance may be reported to the local Human Resources Office and shall be reimbursed by the Department.

H. An alternative test may be administered instead of the Mantoux TB skin test if an employee has documented religious beliefs or an allergy that prohibits injections for TB tests.

I. BHCS is responsible for administering and reading TB tests for employees. The results of the tests shall be forwarded to the employee's Human Resources Office by BHCS. Employees working at sites not equipped with a Department health care clinic to administer the test will be addressed on a case by case basis.

J. National Institute for Occupational Safety and Health (NIOSH) approved high-efficiency particulate air (HEPA) respirators shall be used in the following circumstances:
   a. When an employee enters a room where a prisoner with suspected or confirmed infectious TB disease is isolated;
   b. When an employee performs a high hazard medical procedure on an individual who has suspected or confirmed TB disease;
   c. When emergency medical response personnel or others must transport a prisoner with suspected or confirmed TB disease in a closed vehicle.

K. The Chief Medical Officer (CMO) of BHCS shall be notified immediately by the applicable Human Resources Office of any active cases of TB, and within three business days of the number and names of employees who have a positive skin test or a skin test conversion. In addition, the Michigan Occupational Safety and Health Administration (MIOSHA) requires that any TB skin test conversion, active case, or suspected case aggravated by workplace exposures of TB shall be reported to MIOSHA within 10 calendar days after discovery of the disease or condition and must be reported on the MIOSHA 300 log. Wardens, FOA Assistant Deputy Directors (ADD) and the Human Resources Director shall ensure this information is recorded on the MIOSHA 300 log as appropriate and ensure proper notification is provided to MIOSHA.

TUBERCULOSIS CONTROL AND RESPIRATORY PROTECTION PLANS

L. The Physical Plant Division shall develop a respiratory protection plan that shall be used by all CFA facilities. The plan shall identify positions requiring respiratory protection training (e.g., Health Care staff working in Reception facilities, Transportation Officers transporting prisoners with suspected or confirmed TB) and training shall be provided as set forth in Paragraph MM.

M. The CMO shall act as Chair of the Department's Infectious Disease Control Committee, which shall develop a TB Control Plan. The Plan shall be approved by the Director and distributed to all facilities. The Warden shall appoint a TB coordinator who shall be responsible for the implementation and monitoring of the TB Control Plan at that facility.

N. An Assistant Chief Medical Officer (ACMO), in consultation with the CMO, shall ensure that appropriate control measures are in place for each facility based on risk assessment for TB. The Health Unit Manager (HUM) of each facility, in consultation with the Department's Infectious Disease Coordinator, shall ensure that there is at least an annual risk assessment completed for TB in each facility.

MEDICAL SCREENING - NEW HIRES (EXCEPT NEW OFFICER RECRUITS)

O. Human Resources Officers shall ensure that as part of the pre-employment screening process, each applicant for a position with regular prisoner contact (including those with a history of Bacillus of Calmette and Guerin (BCG) vaccination) receives a Mantoux TB skin test. This test consists of two-step
testing with at least one week between tests, but no more than 21 days between administrations, unless
the applicant supplies documentation of a negative TB skin test result within the preceding 12 months.
Applicants who supply such documentation will not be required to receive the Mantoux TB skin test as
part of the screening process. Applicant includes current Department employees transferring to a
position with regular prisoner contact from a position without such contact.
Note: For purposes of this policy, contractual staff are not considered “employees.” However, they will
be tested by their employer at their employer’s expense initially upon hire. They will be tested by the
Department of Corrections at the Department’s expense annually thereafter.

P. If the applicant reports a previous positive TB test, written medical documentation must verify the
following:

1. A previously positive reaction; and
2. Completion of adequate preventive therapy or adequate therapy for the active disease.

Q. An applicant may commence employment in a position only on the condition that their initial skin test is
not positive. The local Human Resources Office shall suspend an offer of employment if the skin test
is positive pending receipt of medical documentation from the applicant's personal physician or local
health department that they do not have active TB. If the applicant's personal physician determines
that the applicant has active TB, or if the applicant fails to return with medical documentation within 30
calendar days, the Human Resources Office shall rescind the job offer.

R. An applicant with active TB shall be notified by the local Human Resources Office that they may be
reconsidered for employment after medical documentation is produced by the applicant indicating that
they are no longer infectious.

S. If an applicant who has been offered employment provides medical documentation that they are
receiving preventive treatment for TB infection, they shall be allowed to begin work and shall provide
medical documentation to the local Human Resources Office upon the completion of preventive
therapy. Failure to provide documentation of successful completion of preventative therapy shall result
in termination of employment.

T. Pre-placement testing information and any documentation supplied by the applicant showing proof of a
negative TB Skin Test result within the preceding 12 months shall be documented by the local Human
Resources Office and shall be placed in the applicant's personnel file. The information also shall be
entered on the secured database in the Human Resources Office.

MEDICAL SCREENING – NEW CORRECTIONS OFFICER APPLICANT AND RECRUIT

U. The Training Division, Recruitment Section shall ensure that as part of the Corrections Officer New
Employee School, each Corrections Officer Recruit attending New Employee School for a position with
regular prisoner contact (including those with a history of Bacillus of Calmette and Guerin (BCG)
vaccination) receives a Mantoux TB skin test. This test consists of two-step testing with at least one
week between tests but no more than 21 days between the administrations, unless the recruit supplies
documentation of a negative TB skin test result within the preceding 12 months. Corrections Officer
Recruits who supply such documentation will not be required to receive the Mantoux TB skin test part of
the screening process.

V. If at the time of the job offer and prior to the start of the Corrections Officer New Employee School, the
Corrections Officer applicant reports a previous positive TB test, written medical documentation must
verify the following:

1. A previously positive reaction.
2. Completion of adequate preventive therapy or adequate therapy for active disease.
3. The applicant shall be instructed by the Recruitment Section to receive a chest x-ray prior to the start of the Corrections Officer New Employee School.

W. A New Corrections Officer Recruit who has a documented history of positive TB test or adequate treatment for disease or preventative therapy for infection shall be exempt from further skin test screening during the Corrections Officer New Employee School. However, they shall complete and submit a Tuberculosis Symptoms Health Screening Questionnaire (CHJ-270) to the RN conducting the test at the start of a New Employee School. If the questionnaire results in a referral to the employee's personal physician, the employee cannot continue New Employee School until medically cleared.

X. The Training Division shall instruct a new recruit with a newly recognized positive skin test or skin test conversion, but who displays no symptoms suggestive of TB, to go to an MDOC approved clinic to receive a chest x-ray for evaluation of active TB. The clinic or the recruit shall provide to the Recruitment Section medical documentation that they are not infectious within five business days. The employee may continue working during this period. However, if documentation is not provided within five business days, the employee shall be terminated from New Employee School but may be considered for a future New Employee School once such documentation is provided and results are clear.

Y. If an employee's skin test status changes, other employees assigned to the same work area or group, and prisoners if applicable, shall be tested to determine if there is additional evidence of transmission in the area. The CMO shall be notified by the Training Administrator or designee and shall conduct an investigation to determine if TB infection is prevalent in the workplace and to identify the potential source.

Z. If it is suspected that a contagious condition exists, the CMO shall notify the Training Administrator or designee who shall notify the Human Resources Office. Staff from the Human Resources Office shall notify the appropriate union(s) of the possible contagion, the isolation steps to be taken, if any, and the medical precautions that will be required to avoid further contagion. Staff from the Human Resources Office shall also ensure that all health and safety reporting requirements of applicable labor agreements are met when a contagious condition exists. In addition, the CMO or designee shall notify appropriate public health officials at the local health department.

MEDICAL SCREENING - CURRENT EMPLOYEES

AA. The local Human Resources Office shall ensure that all employees who have regular prisoner contact receive a Mantoux TB skin test at least annually. Skin test results shall be recorded in the employee’s personnel file and entered on the secured database. Employees not required to be tested who are in a position where they have some prisoner contact, including Central Office positions, may voluntarily request to be tested or may be instructed to do so by their Deputy Director or designee. Any employee who may have been exposed to another employee or prisoner with active TB shall be tested.

BB. An employee with regular prisoner contact who has a documented history of a positive TB test or adequate treatment for the disease or preventive therapy for infection shall be exempt from further skin test screening. However, they shall be provided a Tuberculosis Symptoms Health Screening Questionnaire, (CHJ-270). If the questionnaire results in a referral to the employee’s personal physician, the employee cannot return to work until medically cleared.

CC. In facilities and work sites that are designated as high risk by the CMO, the Warden or FOA ADD, as applicable, shall ensure that employees are offered a follow-up TB skin test as often as recommended by the CMO, as set forth in Paragraph N.

DD. The Human Resources Office shall instruct an employee with a newly recognized positive skin test or skin test conversion, but who displays no symptoms suggestive of TB, to go to their local health department or personal physician for evaluation of active TB. The employee shall provide to their
Human Resources Office within 10 working days medical documentation that they are not infectious. The employee may continue working during this period. However, if documentation is not provided within 10 working days, the employee shall be suspended without pay until such documentation is provided.

EE. If an employee’s skin test status changes, other employees assigned to the same work area or group, and prisoners if applicable, shall be tested to determine if there is additional evidence of transmission in the area. The CMO shall be notified by the Warden or their designee and shall conduct an investigation to determine if TB infection is prevalent in the workplace and to identify the potential source.

FF. If it is suspected that a contagious condition exists, the CMO shall notify the Warden, appropriate FOA ADD or the Human Resources Director who shall notify the appropriate union(s) of the possible contagion, the isolation steps to be taken, if any, and medical precautions that will be required to avoid further contagion. The Warden, appropriate FOA ADD or Human Resources Director also shall ensure that all health and safety reporting requirements of applicable labor agreements are met when a contagious condition exists. In addition, the CMO or designee shall notify appropriate public health officials at the local health department.

EMPLOYEES WITH TB INFECTION OR DISEASE

GG. The Human Resources Office shall immediately send an employee with a newly recognized positive skin test or skin test conversion and who displays symptoms suggestive of TB, or an employee with a previously known positive skin test who currently displays symptoms suggestive of TB, to their local health department or personal physician for evaluation of clinically active TB. The employee shall be placed on administrative leave for the remainder of the shift and shall not return to work until a written statement is provided to the Human Resources Office from a physician or local health department that states that the employee is not infectious. Administrative leave shall be granted only for the shift that the employee’s symptoms are first recognized. Subsequent absences shall be handled as set forth in PD 02.02.100 “Time Utilization and Compensation.”

HH. The Human Resources Office shall ensure that an employee who has active TB receives a medical evaluation and provides written documentation of that evaluation, which includes information that the employee is receiving adequate therapy, their cough is resolved and the employee has three consecutive negative Acid Fast Bacillus (AFB) sputum smears collected on different days before returning to work. This routinely takes a period of two to four weeks. However, each employee shall be evaluated on an individual basis.

II. At the close of therapy, the employee shall provide medical documentation that they have a negative AFB sputum smear. The CMO may request interim specimens if necessary. This medical documentation shall be maintained in the employee's personnel file.

JJ. An employee with TB disease who discontinues treatment before the recommended course of therapy prescribed by the treating physician has been completed shall not be allowed to return to work until treatment has resumed, adequate response to therapy is documented by the treating physician and the employee has three negative AFB sputum smears collected on different days.

KK. Employees receiving preventative treatment for TB infection shall be allowed to continue all usual work activities.

CONFIDENTIALITY OF MEDICAL SCREENING AND TEST RESULTS

LL. All screening and test results of new hires and employees shall remain confidential. Under no circumstances shall an individual’s name be made public or announced to other staff, visitors, volunteers or prisoners if they have a positive TB test, skin test conversion, or exhibits symptoms suggestive of TB, except as required by this policy.
TUBERCULOSIS EDUCATION, TRAINING, AND COUNSELLING

MM. The Training Division, in conjunction with the work sites, shall provide education about TB to all new employees within 30 business days of hire. Annual training and counseling also shall be required for staff in positions with regular prisoner contact and offered annually to other employees. The training shall cover the potential risks of TB transmission, the risk if immunocompromised, signs and symptoms of TB disease, medical surveillance and therapy, and site-specific protocols that includes the purpose and proper use of controls, and fit testing for HEPA respirators for identified staff. The Training Division also shall provide information regarding infection control recommendations to minimize the risk of exposure to infectious agents.

OPERATING PROCEDURE

NN. If necessary, to implement this policy, the CMO and Central Office Human Resources Director shall ensure that a state-wide operating procedure is developed or updated.

AUDIT ELEMENTS

OO. A Primary Audit Elements List has been developed and is available on the Department’s Document Access System to assist with self-audits of this policy pursuant to PD 01.05.100 “Self-Audits and Performance Audits.”

APPROVED: HEW 10/17/2019