



SCDC POLICY/PROCEDURE

CHANGE 1: [2.2.1](#); [5.3](#)

NUMBER: HS-18.18

TITLE: MYCOBACTERIUM TUBERCULOSIS PROTECTION PROGRAM

ISSUE DATE: **October 1, 2005**

RESPONSIBLE AUTHORITY: DIRECTOR OF HEALTH SERVICES

OPERATIONS MANUAL: HEALTH SERVICES

SUPERSEDES: HS-18.18 (May 1, 2003)

RELEVANT SCDC FORMS/SUPPLIES: 8-6, 8-7, 16-4, M-53, M-119

ACA/CAC STANDARDS: 4-ACRS-4C-08, 4-ACRS-4C-09, 4-ACRS-4C-10, 3-4365, 3-4366, 4-4062, 4-4064, 4-4355, 4-4356, 4-4362, 4-4363,

SCDC MEDICAL DIRECTIVES:

STATE/FEDERAL STATUTES: OSHA 29 CFR 1910.139

PURPOSE: To establish a program for the assessment of inmates and employees to enable the early detection, treatment, and/or referral of persons with latent mycobacterium tuberculosis (MTB) infection or active/suspected mycobacterium tuberculosis disease. To assure that all affected inmates and employees are provided the necessary information, evaluation, training, and administrative support required to reduce the possibility of transmission for mycobacterium tuberculosis. Where feasible, mycobacterium tuberculosis and other airborne pathogens will be abated by the application of engineering and work practice controls. **(4-ACRS-4C-08, 4-ACRS-4C-09, 3-4365, 4-4355)**

POLICY STATEMENT: The Agency will comply with all State and Federal regulations concerning mycobacterium tuberculosis and other airborne pathogens protection. All affected personnel involved must comply with this policy/procedure. All affected employees must be identified and will be trained in order to comply.

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1. AGENCY PROGRAM ADMINISTRATOR: The Director of Health Services has designated the Infection Control Coordinator (ICC) as the Program Administrator. The Program Administrator will have overall responsibility for developing, implementing, monitoring, and evaluating this program. The Program

Administrator will provide an annual written evaluation of the program to the Director of Health Services. In the event that employees or inmates become exposed to an active case of MTB disease, a contact investigation will be conducted as directed by the Program Administrator in conjunction with the South Carolina Department of Health and Environmental Control and/or any other outside entity as may be necessary.

2. PROCEDURES FOR SCDC EMPLOYEES:

2.1 Pre-Employment Physical: All prospective employees will be evaluated for mycobacterium tuberculosis at the time of the pre-employment physical.

2.1.1 All known non-reactors will receive a Tuberculin Skin Test (TST). The TST is to be read no earlier than 48 hours nor later than 72 hours after administration.

2.1.2 All known reactors (previous positive TST) will be evaluated to rule out active disease prior to employment.

2.1.3 No prospective employee who has received Bacillus Calmette and Guerin vaccine (BCG) is exempt from having a documented TST reading at the time of employment.

2.1.4 All prospective employees will be evaluated for potential use of an M-95 respirator at the time of the pre-employment physical.

2.2 Annual MTB Screening:

2.2.1 Any employee with a history of a non-reactive TST will be administered a TST to be read no earlier than 48 hours nor later than 72 hours after administration. Any exceptions to the time of reading will be referred to the Program Administrator. Any employee with a history of a reactive TST will be evaluated using SCDC Supply Item M-119, "Previous Positive PPD: Evaluation for Active TB." In high risk work areas (e.g., Reception and Evaluation Centers, inpatient infirmaries, ~~HIV/AIDS Therapeutic Community~~, etc.) screening will be administered every six (6) months. The annual screening will be offered at each institution as coordinated by the Health Care Authority (HCA) and the Warden/designee. The Warden will designate a coordinator who will be responsible for the administrative duties. The designated staff member will enter each employee's annual MTB screening into the automated personnel records system. (Amended by Change 1, dated October 21, 2013)

2.2.2 Central Office personnel are designated to the Central Office Annex medical area for testing/evaluation.

2.2.3 It is the responsibility of each employee to report at the designated time(s).

2.2.4 Any SCDC employee who has a new reactive TST will be appropriately referred for follow-up and/or treatment. SCDC Form 16-4, "Tuberculin Skin Test Program," will be used for documentation.

3. EMPLOYEE TRAINING: The Division of Training and Staff Development will ensure that necessary education on MTB and respiratory protection is provided to affected employees through the following:

3.1 Developing and writing the lesson plan for training (in coordination with the Program Administrator) and reviewing the lesson plan annually;

3.2 With the Program Administrator, assisting in selection of appropriate respirators;

3.3 Initiating medical evaluation for SCDC employees using SCDC Form 8-6, "Particulate Respirator Medical Evaluation"; (Any concerns regarding answers on the evaluation will be forwarded to the Program Administrator for consultation with a designated medical doctor.)

3.4 Performing qualitative and/or quantitative fit testing of respirators;

3.5 Maintaining training and fit testing records for all employees (SCDC Form 8-7, "Particulate Respirator Issuance and Training"); and

3.6 Upon request, providing information to the Program Administrator necessary to monitor and evaluate the program. (4-ACRS-4C-08, 4-ACRS-4C-09, 3-4365, 4-4355)

4. EMPLOYEE RECORDS: The Division of Human Resources will maintain SCDC Form 8-6, "Particulate Respirator Medical Evaluation," in the medical record of all affected employees. The SCDC Form 8-6, "Particulate Respirator Medical Evaluation," will be kept for the term of employment plus 30 years.

5. PROCEDURES FOR INMATES:

5.1 All inmates entering SCDC will be evaluated for MTB with a TST unless written documentation is obtained that shows the inmate has previously had a reactive TST.

5.2 All inmates entering SCDC with documented proof of a history of a reactive TST will be evaluated using SCDC Supply Item M-119, "Previous Positive PPD: Evaluation for Active TB." A baseline chest X-ray may be obtained. (4-ACRS-4C-08, 4-ACRS-4C-09, 3-4362, 3-4363, 3-4365, 4-4355)

5.3 Any inmate entering SCDC who is known to be HIV positive will have a two (2) step TST, chest X-ray, and evaluation completed. ~~prior to transfer to the HIV/AIDS Therapeutic Community.~~ A TST and/or evaluation, using SCDC Supply Item M-119, "Previous Positive PPD: Evaluation for Active TB," will be completed every six (6) months on inmates who are HIV positive. (4-ACRS-4C-10, 3-4366, 4-4356) (Amended by Change 1, dated October 21, 2013)

5.4 Annual MTB evaluations will be completed at each institution as coordinated by the HCA and Warden/designee. All inmates assigned to the institution on the selected date will be evaluated. Any inmate who refuses MTB evaluation will be reported to the Warden/designee. The inmate will be counseled and, if s/he still refuses, appropriate force may be used to administer the test/perform appropriate evaluation. See SCDC Policy/Procedure OP-22.01, "Use of Force," for additional information. When force is necessary, only the minimal amount needed to administer the test will be used. The use of force will be in compliance with SCDC Policy/Procedure OP-22.01, "Use of Force and Restraints." Following the use of force, medical staff will examine the inmate. The examination will be documented on SCDC Supply M-32, "Pre-Lock Up Clearance/Post Use of Force Examination." See Medical Directives for additional information. (4-ACRS-4C-09, 3-4365, 4-4355)

5.5 Any inmate who has a reactive TST response will be evaluated for latent tuberculosis infection (LTBI) and/or active MTB disease. Inmates with LTBI will be afforded counseling and medical treatment. The inmate may refuse treatment for LTBI. This refusal will be documented on SCDC Supply Item M-53, "Refusal of Medical Advice Form."

5.6 Any inmate suspected of or with active MTB disease will be admitted to an infirmary in a negative air flow room on respiratory isolation. The inmate will remain on respiratory isolation until active MTB disease has been ruled out or until adequate treatment has been received. The Program Administrator will be notified and must concur prior to any inmate being removed from respiratory isolation.

5.7 Any inmate receiving treatment for LTBI or active MTB disease at time of discharge will be referred to the community health department for follow up care.

6. MONITORING: The Medical Review Branch will ensure that necessary monitoring of the program is provided by developing a quality assurance checklist to monitor the knowledge and use of respirators; (Attachment A); evaluating use/knowledge of respirators during the institutional Health Services audit; and providing to the Program Administrator a copy of each institution's respirator audit.

7. DEFINITIONS:

Fit Check refers to a maneuver that is performed before each use of a respiratory protective device to check for fit.

Fit Testing refers to the quantitative/qualitative testing to determine that the respirator protective device adequately fits a particular employee.

Program Administrator refers to the employee responsible for the SCDC mycobacterium tuberculosis (MTB) infection protection program for the Agency.

Jon E. Ozmint, Director

ORIGINAL SIGNED COPY MAINTAINED IN THE DIVISION OF POLICY DEVELOPMENT.

**Attachment A
Respirator Protective Device (RPD)
Quality Assurance Checklist**

Employee or Inmate Identification Number	Did Employee/Inmate				
	know where to obtain RPD?	demonstrate proper donning of respirator?	know when to wear RPD?	do a fit check?	know how to properly store RPD?

(Key: + = Yes, - = No, N/A = Not Applicable)

Comments:

Institution: _____

Date:_____

Auditor:_____