

Center for Disability Rights, Inc.

TUBERCULOSIS (TB) SCREENING AND HEALTH ASSESSMENT FOR CDPAS ATTENDANTS

POLICY AND PROCEDURE

Purpose:

The Purpose of this Policy is to develop a comprehensive Policy and Procedure which could guide all parties (Supervisors, Managers, Attendants and Consumers) about the health assessment requirements regarding Tuberculosis (TB) testing for attendants and assist them in following health assessment requirements to seek treatment and to prevent progression to active disease for TB.

Scope:

This Policy and Procedure applies to all CDPAS Personal Care Attendants. This Policy and Procedure follows Department of Health Guidelines regarding baseline TB screening for all attendants before hiring and placing them with consumers as well as for annual risk assessment for TB screening.

Effective Date:

Policy is effective immediately and will supersede the earlier Policy and Procedure on Health Assessment and PPD Evaluations regarding TB for CDPAS Attendants.

Procedure:

- All parties involved i.e., Supervisors, Managers, Attendants and Consumers will follow the Policy and Procedure for TB screening for CDPAS attendants. This Policy and Procedure will ensure that all new attendants at the time of hiring have undergone baseline TB screening as well as screening annually by a qualified occupational health professional for an individual risk assessment.
- All supervisors and managers will ensure that CDPAS attendants at the time of hiring must have screened baseline TB testing with negative test results and have submitted the test results to hiring managers.
- Supervisors and managers will not hire any attendant who does not submit TB test result or who has positive test result.

- As per Department of Health Guidelines, current and active attendants are no longer required to have an annual TB screening – Tuberculin Skin Test (TST) or Interferon -gamma Release Array (IGRA) blood test (unless medically indicated) but must be screened by a qualified health professional annually for an individual risk assessment.
- Only those attendants need annual testing for TB if they have any symptoms and are suggestive of TB disease or new risk for infection. Additionally, attendants with untested Latent TB Infection (LTBI) should receive an annual TB symptom screening.
- The initial TB screening will establish the baseline for future tests in the event of new exposure or symptoms and used to identify LTBI and will offer treatment or consultation for treatment as appropriate.
- In case of individual's risk assessment about TB, factors should be considered such as individuals' birthplace/ residence of individuals, recent countries visited and stayed more than a month in a country with a high TB rate, HIV infection, receipt of an organ transplant, whether individual has had close contact with someone who has TB, prior TB tests, history of TB, LTBI and gone through treatment, productive cough for more than three weeks, coughing up blood, unexplained weight loss, fever, persistent shortness of breath, unexplained fatigue for more than three weeks and chest pain, test for TB infection, either by IGRA or TST for those without LTBI or TB disease.
- A licensed practitioner (e.g., MD, RN, PA and NP) or qualified occupational health professional should complete the individual risk assessment and should review the results with the individual on an annual basis.
- TB testing can be accomplished using an IGRA or TST.
- Individuals who have completed baseline screening, including the first TST or IGRA TB test, can work without restriction if the test is negative. Similarly, a single negative IGRA test done within prior 12 months may be accepted.

- Borderline, indeterminate, or invalid results will require retesting. If an individual with a positive test has a repeat test that is negative and has no clinical symptoms of TB, they may be regarded as acceptable for hire; if submitted with proper documentation and signed by a licensed practitioner.
- Individuals with a positive TB result should receive medical evaluation for TB, including symptom evaluation, a chest x-ray and other tests as recommended by health professional.
- An individual with LTBI is strongly recommended to complete treatment as they can be at a risk of developing active TB disease in the future. Employees who do not complete LTBI treatment should be monitored with annual symptom evaluation and education as future condition and medications (e.g., diabetes, cancer, tobacco use) could substantially increase the risk of developing active TB.
- If attendants need to go for TB testing and are in the middle of a COVID vaccine, attendants under such circumstances should go for TB testing first and then go for vaccine testing. However, if COVID vaccination has already occurred, attendants should defer TB testing until four (04) weeks after completion of two dose of COVID vaccination.
- Attendants who have risk exposure to active TB disease through travel of one month or more to a region of high incidence are recommended to undergo pre and post travel symptom screening. Post travel screening should occur more than eight (08) weeks after returning and serial TB screening and testing may be warranted for attendants who regularly visit high risk countries.
- Supervisors and Managers should provide annual in-service education to all attendants on TB, and it should include information regarding TB screening requirements, and about treatment of LTBI, including the symptoms of active disease.
- Supervisors and managers will ensure that all documentation regarding TB screening remain confidential and must be filed in attendant's Personal File.