



## Infection Control: Employee Health Tuberculosis Exposure Follow-Up

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### Policy Statement

The Employee Health Coordinator (or designee) shall notify, monitor and document the health status of employees who, while working in the facility, are exposed to an active case of tuberculosis (TB). Follow-up shall consist of screening employees for signs and symptoms of active TB and referring the employees for treatment appropriately.

### Policy Interpretation and Implementation

1. If employees ARE EXPOSED TO AN ACTIVE CASE OF TB, the Employee Health Coordinator (or designee) shall:
  - a. Inform in writing all employees who have been exposed to a case of active tuberculosis;
  - b. Review each identified employee's tuberculin skin test (TST) records;
  - c. As soon as possible after exposure, administer a TST to all employees with a documented exposure, except for known "converters" (those whose previous skin test results are positive);
  - d. Administer a second test twelve (12) weeks after the exposure (if the initial test is negative);
  - e. Refer any exposed employees who are new converters or those with symptoms suggesting TB to a private physician or the health department for immediate evaluation and a chest X-ray. (Note: Employees who are previously known converters who have been exposed to an infectious person do not require a repeat skin test or chest X-ray.);
  - f. Provide exposed employees with information about symptoms suggesting TB, such as persistent cough, night sweats, bloody sputum, weight loss, or fever;
  - g. Instruct employees to report the development of such symptoms to the Employee Health Coordinator immediately;
  - h. Repeat skin testing on exposed employees every three (3) months until no additional conversions have been detected for two (2) consecutive three (3) month intervals;
  - i. Report any employee found to have active TB to the local health department and refer the employee to a private physician or local public health clinic for treatment and follow-up;
  - j. Document positive skin tests and positive chest X-rays on the OSHA 300 log; and
  - k. Report all skin test conversions, active TB cases, and follow-up screenings, recommendations, and results to the Infection Preventionist.

| <b>References</b>           |   |
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| <b>References</b>           | Centers for Disease Control and Prevention <a href="http://www.cdc.gov/tb/">http://www.cdc.gov/tb/</a><br>Occupational Safety and Health Administration<br><a href="http://www.osha.gov/SLTC/tuberculosis/index.html">www.osha.gov/SLTC/tuberculosis/index.html</a> |
| <b>Related Documents</b>    | Tuberculosis Infection Control Program<br>Associate/Employee TB Screening Record (CP1807)<br>Tuberculosis, Employee Screening for<br>Tuberculosis Screening – Administration and Interpretation of Tuberculin Skin Tests  |
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