

## **DIVISION of SUBSTANCE ABUSE SERVICES**

### **Tuberculosis Control Guidelines for Alcohol and Drug Abuse Prevention Programs**

1. **Purpose:**

This policy provides guidance and instruction to identify and prevent tuberculosis (TB) disease and TB infection (TBI) among employees, and volunteers, in alcohol and drug (A&D) prevention programs. This policy applies to prevention personnel who are providing direct prevention services funded by the Division of Substance Abuses Services.

2. **Policy:**

- 2.1 Alcohol and drug prevention facilities must provide baseline screening of all new employees and new volunteers who provide direct prevention services, for symptoms of active TB disease and appropriate testing for TBI prior to employment or provision of volunteer services.
- 2.2 Alcohol and drug prevention facilities must ensure that all employees and volunteers who provide direct prevention services are screened annually for symptoms of active TB disease and appropriately tested for TBI.
- 2.3 Alcohol and drug prevention facilities must counsel all employees and volunteers, who provide direct prevention services, annually regarding the symptoms and signs of active TB disease.
- 2.4 Any alcohol or drug prevention program employee or volunteer who provides direct prevention services, with symptoms suggestive of active TB disease, must be referred immediately for appropriate medical evaluation and cleared by a licensed medical provider prior to return to work in the facility or provision of direct care services.
- 2.5 Any alcohol or drug prevention program employee or volunteer, who provides direct prevention services, reported by a health care provider to the health department as having suspected or confirmed active TB disease must be excluded from the facility and provision of direct care services until the employee or volunteer is determined to be non-infectious by the Medical Director of the TB Elimination Program, Tennessee Department of Health.
- 2.12 All alcohol and drug prevention facilities must provide case management activities to ensure that direct service prevention employees and volunteers

diagnosed with TBI receive appropriate medical evaluation, counseling about the risk of TBI progressing to active TB disease, and TBI treatment if such treatment is recommended to and accepted by the employee, volunteer, or service recipient.

- 2.13 Testing for TBI may be done on-site or by referral to a licensed medical provider.
- 2.14 All TB screening and testing records of employees and volunteers are considered personal medical information protected by HIPAA and must be archived accordingly.

3. **Procedure/Responsibility:**

**General Procedures:**

- 3.1 The Division of Substance Abuse Services must offer training on administration of the “TB Symptom Screening Tool” at least annually.
- 3.2 Only trained alcohol and drug treatment personnel or medical personnel are permitted to administer the “TB Symptom Screening Tool” to program employees, volunteers, or service recipients.
- 3.3 A copy of the completed “TB Symptom Screening Tool” with the results of the screening must be maintained in the file of the employee, volunteer, or service recipient, as applicable.
- 3.4 Testing for TBI may be conducted using either the standard Mantoux method of the TST or by an interferon-gamma release blood assay (IGRA) according to guidelines established by the federal Centers for Disease Control and Prevention (CDC).

**Specific Procedures: Employees and Volunteers**

- 3.5 All new employees and volunteers must be screened with the “TB Symptom Screening Tool” prior to beginning employment or providing volunteer services, and all new employees and volunteers who provide direct care services appropriately tested for TBI within three (3) business days of beginning employment or providing volunteer services.
  - a. A new employee or volunteer with symptoms of active TB as documented on the “TB Symptom Screening Tool” should be referred immediately to a licensed medical provider for evaluation, and shall not report to work until written clearance is provided by the licensed medical provider.
  - b. A new employee or volunteer who provides direct care services without symptoms of active TB and without documentation of a previously positive test should be tested within three (3) business days for latent TB infection (TBI) utilizing the two-step Mantoux method.
    - 1) An employee or volunteer who provides direct care services with a positive

initial TST (consistent with CDC guidelines) should be referred either to his/her medical provider or to the local health department for further evaluation of TBI, including a chest radiograph.

- 2) An employee or volunteer who provides direct care services with a negative initial TST should be re-tested within seven to fourteen (7-14) days of the initial test, unless the new employee or volunteer provides documentation of a negative TST within the past twelve (12) months.
  - 3) An employee or volunteer who provides direct care services with a negative second TST should receive education about signs and symptoms of active TB.
  - 4) An employee or volunteer who provides direct care services with a positive second TST should be referred to either his/her medical provider or to the local health department for further evaluation of TBI, including a chest radiograph.
- c. A new employee or volunteer who provides direct care services without symptoms of active TB and presenting documentation of a previously positive TST result in millimeters (mm) should not be tested with either the TST, but rather referred within five (5) business days of beginning employment or volunteer services to his/her medical provider or to the local health department for further evaluation of TBI, including a chest radiograph.
- d. All new employees and volunteers who provide direct care services should receive education about signs and symptoms of active TB disease within three (3) business days of beginning employment.
- 3.6 All employees or volunteers providing direct care services must be screened annually for symptoms of active TB disease and appropriately tested with follow-up as described under item 3.5 above, except that TB skin testing of previously TST-negative employees and volunteers should be performed by the one-step Mantoux method.
- 3.7 Documentation of all TB symptom screening and TB skin testing for TBI must be treated as personal medical information and archived according to HIPAA guidelines.