



City Manager's Approval: _____

THE CITY OF POMONA

SAFETY POLICIES AND PROCEDURES

TUBERCULOSIS EXPOSURE CONTROL POLICY

I. PURPOSE

This Policy describes the general requirements of the City of Pomona's Tuberculosis Exposure Control Policy, and provides information on which job classifications are required to undergo baseline and periodic Tuberculin skin tests.

II. APPLICABILITY

This Policy applies to designated Police Department employees.

III. POLICY

It is the policy of the City of Pomona that all aspects of Cal/OSHA's general requirements for Tuberculosis Control, including *California General Industry Safety Orders, Title 8, Sections 5141-Control of Harmful Exposure to Employees, 3203-Injury and Illness Prevention Program, 5143-General Requirements for Mechanical Ventilation, 5144-Respiratory Protection*, shall be met or exceeded.

IV. DEFINITION OF TERMS

"*Acid-fast bacilli*" (*AFB*)- bacteria that retain certain dyes after being washed in an acid solution. Most acid-fast organisms are mycobacteria.

"*Air-purifying respirator*"- a respirator that is designed to remove air contaminants from the ambient air or air surrounding the respirator.

"*AFB isolation room or area*" - includes, but is not limited to, rooms, areas, booths, tents, or other enclosures that are maintained at negative pressure to adjacent areas in order to control the spread of aerosolized *M. tuberculosis*.

"*Anergy*" - the inability of a person to react to skin test antigens (even if the person is infected with the organisms tested) because of immunosuppression.

"*BCG (Bacille Calmette-Guerin) vaccine*" - a tuberculosis vaccine.

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“*Confirmed infectious tuberculosis*” - a disease state that has been diagnosed by positive identification of *M. tuberculosis* from body fluid or tissue through positive culture, positive gene probe, or positive polymerase chain reaction (PCR). The disease state must be capable of being transmitted to another individual (e.g., pulmonary or laryngeal TB or extrapulmonary TB where the infected tissue is exposed and could generate droplet nuclei).

“*Conversion*” - a change in tuberculin skin test results from negative to positive, based upon current Centers for Disease Control and Prevention (CDC) guidelines.

“*Disposable respirator*” - a respiratory protective device that cannot be resupplied with an unused filter or cartridge and that is to be discarded in its entirety after its useful service life has been reached.

“*Exposure incident*” - an event in which an employee has been exposed to an individual with confirmed infectious TB or to air containing aerosolized *M. tuberculosis* without the benefit of applicable exposure control measures required by this section.

“*Filter*” - a component used in respirators to remove solid or liquid aerosols from the inspired air.

“*Fit factor*” - a quantitative measure of the fit of a particular respirator on a particular individual.

“*High efficiency particulate air (HEPA) filter*” - a specialized filter that is capable of removing 99.97 % of particles greater than or equal to 0.3 micrometers in diameter.

“*High hazard procedures*” - procedures performed on an individual with suspected or confirmed infectious tuberculosis in which the potential for being exposed to *M. tuberculosis* is increased due to the reasonably anticipated generation of aerosolized *M. tuberculosis*. Such procedures include, but are not limited to, sputum induction, bronchoscopy, endotracheal intubation or suctioning, aerosolized administration of pentamidine or other medications, and pulmonary function testing. They also include autopsy, clinical, surgical and laboratory procedures that may aerosolize *M. tuberculosis*.

“*M. tuberculosis*” - *Mycobacterium tuberculosis*, the scientific name of the bacillus that causes tuberculosis.

“*Negative pressure*” - the relative air pressure difference between two areas. A room that is under negative pressure has lower pressure than adjacent areas, which keeps air from flowing out of the room and into adjacent rooms or areas.

“*Negative pressure respirator*” - a respirator in which the air pressure inside the face piece is negative during inhalation with respect to the ambient air pressure outside the respirator.

“*Occupational exposure*” - reasonably anticipated contact, that results from the performance of an employee's duties, with an individual with suspected or confirmed infectious TB or air that may contain aerosolized *M. tuberculosis*.

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“Physician or other licensed health care professional” - an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide or be delegated the responsibility to provide some or all of the health care services required by paragraph (g) of this section.

“Qualitative fit test” - a pass/fail fit test to assess the adequacy of respirator fit that relies on the respirator wearer's response to a challenge agent.

“Quantitative fit test” - an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

“Research laboratory” - a laboratory that propagates and manipulates cultures of *M. tuberculosis* in large volumes or high concentrations that are in excess of those used for identification and typing activities common to clinical laboratories.

“Respirator” - a device worn by an individual and intended to provide the wearer with respiratory protection against inhalation of airborne contaminants.

“Suspected infectious tuberculosis” - a potential disease state in which an individual is known, or with reasonable diligence should be known, by the employer to have one or more of the following conditions, unless the individual's condition has been medically determined to result from a cause other than TB:

1. To be infected with *M. tuberculosis* and to have the signs or symptoms of TB;
2. To have a positive acid-fast bacilli (AFB) smear; or
3. To have a persistent cough lasting 3 or more weeks and two or more symptoms of active TB (e.g., bloody sputum, night sweats, weight loss, fever, anorexia). An individual with suspected infectious TB has neither confirmed infectious TB nor has he or she been medically determined to be noninfectious.

“Tuberculosis (TB)” - a disease caused by *M. tuberculosis*.

“Tuberculosis infection” - a condition in which living *M. tuberculosis* bacilli are present in the body without producing clinically active disease. Although the infected individual has a positive tuberculin skin test reaction, he or she may have no symptoms related to the infection and may not be capable of transmitting the disease.

“Tuberculosis disease” - a condition in which living *M. tuberculosis* bacilli are present in the body, producing clinical illness. The individual may or may not be infectious.

“Tuberculin skin test” - a method used to evaluate the likelihood that a person is infected with *M. tuberculosis*. The method utilizes an intradermal injection of tuberculin antigen with subsequent measurement of the reaction induration. It is also referred to as a PPD skin test.

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“*Two-step testing*” - a baseline skin testing procedure used to identify a boosted skin test reaction from that of a new infection. The procedure involves placing a second skin test 1 to 3 weeks after an initial negative test. A positive reaction on the second test indicates a boosted reaction.

V. RESPONSIBILITIES

- A. Department Directors shall:
 - 1. Ensure that the Tuberculosis Exposure Control Policy is implemented. The department director has the authority to delegate any or all portions of this Policy to staff, but the department director will be held responsible for compliance.

- B. Supervisors shall:
 - 1. Implement the Tuberculosis Exposure Control Policy.
 - 2. Immediately report all exposure events to Risk Management.
 - 3. Provide personal protective equipment to employees occupationally exposed to M. Tuberculosis.
 - 4. Investigate all exposure incidents to M. Tuberculosis.

- C. Employees shall:
 - 1. Immediately report all incidents of exposure to M. Tuberculosis.
 - 2. Utilize all personal protective equipment issued for protection against M. Tuberculosis.

- D. Safety Officer shall:
 - 1. Update and maintain the Tuberculosis Exposure Control Policy on an annual basis.
 - 2. Provide assistance in training employees on the Tuberculosis Exposure Control Policy.

VI. PROCEDURES

The Tuberculosis Exposure Control Policy contains the following elements:

- A. Exposure determination;
- B. Medical Surveillance, including PPD testing of employees;
- C. Prompt Identification of Individuals with Suspected or Confirmed Infectious TB;
- D. Procedures for Transfer of Individuals with Suspected or Confirmed Infectious TB;
- E. Procedures for Reporting Exposure Incidents;
- F. Use of Respiratory Protection;
- G. Signs and Labels;
- H. Training; and,
- I. Recordkeeping.
- J. Exposure Determination:

Several types of workplaces have been generally recognized by the Center for Disease

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Control (CDC) as having potential to be at increased risk for transmission of infectious TB. These include: (1) prisons and jails; (2) residential facilities for HIV-infected persons; (3) residential facilities for the elderly; (4) shelters for the homeless; (5) drug treatment clinics; (6) hospitals and mycobacteriology laboratories; (7) other facilities which utilize medical procedures resulting in aerosolization of respiratory secretions from patients, or primarily treat patients at increased risk of TB.

Job titles and job descriptions for all employee classifications have been analyzed to determine the potential occupational exposure to M. Tuberculosis. It has been determined that employees in the following classifications have a potential for exposure to M. Tuberculosis:

1. Jailer
2. Senior Jailer
3. Police Officer
4. Police Motor Officer
5. Police Investigator
6. Police Corporal
7. Police Sergeant
8. Police Lieutenant
9. Police Captain

K. Medical Surveillance-PPD Testing:

Medical surveillance shall include: (1) a pre-employment tuberculin skin test and (2) periodic re-testing PPD negative employees. The frequency of re-testing is risk-dependent, and will be carried out in accordance with current criteria recommended by the Center for Disease Control. Tuberculin skin tests shall be offered to employees having occupational exposure at no cost to the employee. Below are a list of employees who have occupational exposure, and the frequency of PPD testing:

1. Annually:
 - a. Jailer
 - a. Senior Jailer
2. Bi-Annually:
 - a. Police Officer
 - b. Police Motor Officer
 - c. Police Investigator
 - d. Police Corporal
 - e. Police Sergeant
 - f. Police Lieutenant
 - g. Police Captain

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L. Prompt Identification of Individuals with Suspected or Confirmed Infectious TB:

In is essential that an individual assessment be completed in order to identify individuals who are “suspect” cases, i.e., those that are suspected to have infectious TB. The following criteria have been developed to identify individuals with suspected or confirmed infectious TB:

1. Medical Screening of Arrestee while in the Field:

If an employee is in the field and comes in contact with an individual suspected to have TB, he/she will immediately conduct an individual assessment in order to identify individuals who are suspected to have infectious TB. The TB Questionnaire will be administered to each suspect. Individuals who meet the criteria listed in section (VI)(C)(2) will be sent to L.A. County Jail immediately to be tested for TB.

2. Medical Screening of all Jail Inmates:

All jailers shall complete the Los Angeles County Unified Arrestee Medical Screening form (Form SH-R-422) on all jail inmates. In addition, the TB Questionnaire may be used as a guideline to help identify individuals suspected to have TB at check-in at the Jail. The questionnaire consists of two (2) parts:

- a. A review of the individual’s TB history; and,
- b. An assessment of current symptoms.

Individuals who meet the following criteria will be sent to L.A. County Jail immediately to be tested for TB:

- a. A persistent cough lasting three (3) or more weeks and two (2) or more symptoms of active TB; or,
- b. Had a positive TB test on mucous that he/she coughed up; or,
- c. Been told that he/she had TB and was treated, but never finished the medication.

M. Procedures for Transfer of Individuals with Suspected or Confirmed to have Infectious TB:

Atmospheric isolation (or reasonably prompt referral to a facility which can provide atmospheric isolation) of inmates suspected or confirmed to have infectious TB will be required. Atmospheric isolation means that the inmate is kept in a room or other containment which has negative pressure and dilution ventilation or HEPA scrubbing of the air at a rate of at least 12 air changes per hour.

N. Procedures for Reporting Exposure Incidents:

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Whenever an employee has been exposed to an individual suspected or confirmed to have infectious TB or to air containing aerosolized M. tuberculosis without the benefit of applicable exposure control measures required by this policy, it shall be determined to be an exposure incident. Whenever an exposure incident occurs the following protocol shall be adhered to:

1. The supervisor shall ensure that the exposed employee is sent immediately to the clinic for a post-exposure evaluation. The exposed employee will undergo a tuberculin skin test, and will return to have the test read.
2. A DWC-1 form, Employee's Claim for Workers' Compensation Benefits, shall be provided to the employee within 24 hours of notification. The employee will only complete a DWC-1 and return it to their supervisor if they choose to file a claim. Note: If an employee does not want to return the form, this fact should be documented in a memo format and forwarded to Risk Management.
3. The supervisor shall complete the Incident Investigation Report and note any exposure to individuals with suspected or confirmed TB, and return it to Risk Management within 24 hours.
4. The supervisor will investigate the incident, with the assistance of the Safety Officer, and implement corrective actions to prevent recurrence.
5. Risk Management shall provide the medical examiner with a copy of the Exposure Control Plan.

O. Use of Respiratory Protection:

An N-95 respirator or other approved respiratory protective equipment must be used when employees:

1. Enter rooms with individuals suspected or confirmed to have infectious TB; and/or,
2. Transport an individual suspected or confirmed to have TB in a closed vehicle.

If disposable respirators are used, their re-use is permitted as long as the functional and structural integrity of the respirator is maintained.

The Police Department will budget for and provide the appropriate respiratory protective equipment for their personnel. The City is responsible for ensuring that employees use respiratory protective equipment unless the City can show that the employee temporarily and briefly declined to use respiratory protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgement that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker.

When an employee makes this judgement, the circumstances will be investigated and documented on the *Incident Investigation Report* in order to determine whether changes can be instituted to prevent such occurrences in the future. The City will ensure that respiratory protective equipment is readily accessible at the worksite or is issued to

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employees.

P. Signs and Labels:

Signs shall be posted at the entrances to:

1. Rooms or areas used to isolate an individual with suspected or confirmed infectious TB; and,
2. Areas where procedures or services are being performed on an individual with suspected or confirmed infectious TB; and

When an AFB isolation room or area is vacated by an individual suspected or confirmed to have infectious TB, unless the individual has been medically determined to be noninfectious, the sign shall remain posted at the entrance until the room or area has been ventilated according to CDC recommendations for removal efficiency of 99.9 %.

Signs for AFB isolation rooms or areas, shall be readily observable and shall bear the following legend with symbol and text in white on a red background:

No Admittance without Wearing a Type N95 or Higher Protective Respirator

Q. Training:

The department director and the Safety Officer shall ensure that all employees who have occupational exposure will participate in a training program on M. Tuberculosis. Training shall be provided as follows:

1. Before initial assignment to tasks where occupational exposure may occur;
2. At least annually thereafter.

The training program shall include an explanation of:

1. The Tuberculosis Exposure Control Policy;
2. The general epidemiology of TB, including Multidrug-Resistant TB (MDR-TB), and the potential for exposure within the facility; the signs and symptoms of TB, including difference between tuberculosis infection and tuberculosis disease; the modes of transmission of tuberculosis, including the possibility of re-infection in persons with a positive tuberculin skin test; and the personal health conditions that increase the employee's risk of developing TB disease if infected (e.g., HIV infection, prolonged corticosteroid therapy, other immunocompromising conditions);
3. The City's TB Exposure Control Policy and Respiratory Protection Program and the means by which the employee can review the written plans;
4. The list of job classifications and activities that may involve exposure to M. tuberculosis;

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5. The use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, respiratory protection, and site-specific control measures;
6. Why a respirator is necessary, and the basis of selection of the respirators used, the types of respirators used, upkeep and storage of the respirators used, and their location and proper use, including procedures for inspection, donning and removal, checking the fit and seals, and wearing the respirator. This instruction shall allow sufficient practice to enable the employee to become thoroughly familiar with and effective in performing these tasks;
7. The City's Medical Surveillance Program, including the purpose of tuberculin skin testing, the importance of a positive or negative skin test result, anergy testing, and the importance of participation in the program;
8. The procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical management and follow-up that the employer is required to provide, and the benefits and risks of prophylaxis;
9. The procedures to follow if the employee develops signs or symptoms of TB disease; and
10. An opportunity for interactive questions and answers with the trainer.

Training records will include the following information:

1. The dates of the training sessions;
2. The contents or a summary of the training sessions;
3. The names and qualifications of persons conducting the training; and,
4. The names and job titles of all employees attending the training sessions

R. Recordkeeping:

The City will establish and maintain accurate records of each employee with occupational exposure. This record shall include:

1. The name, employee ID number and job classification of the employee;
2. A copy of all results of examinations; medical testing, including the employee's tuberculin skin test status; and follow-up procedures;
3. The City's copy of the physician's or other licensed health care professional's written opinion; and
4. A copy of the information provided to the physician or other licensed health care professional.

All medical records will be kept confidential, and will not be disclosed or reported without the employee's express written consent to any person within or outside of the workplace. The City shall maintain the records for at least the duration of employment plus 30 years.

VII. ACTION

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This Policy is effective this date.



TB QUESTIONNAIRE

Arrestee's Name: _____ Date: _____

Instructions: Check each answer given by arrestee. Add your comments as the evaluator at the bottom of the page, institute the City's Exposure Control measures, and refer the individual to L.A. County Jail for further evaluation if the arrestee has:

1. A persistent cough lasting 3 or more weeks **and** two or more symptoms of active TB; or
2. Had a positive TB test on mucous that he/she coughed up, or
3. Been told that he/she had TB and was treated, but never finished the medication.

PART 1 - TB HISTORY

1. Have you ever had a positive TB skin test?

YES NO DON'T KNOW

2. Have you ever had an abnormal chest X-ray?

YES NO DON'T KNOW

If yes, how long ago? _____

3. Have you recently had the mucous you cough tested for TB?

YES NO DON'T KNOW

4. Have you ever been told you have infectious tuberculosis?

YES NO DON'T KNOW

5. Have you ever been treated with medication for infectious TB?

YES NO DON'T KNOW

If yes, how many medications?

ONE TWO OVER TWO

6. Are you still taking TB medicine?

YES NO DON'T KNOW

7. Did you take all the TB medicine until the health care professional told you that you were finished?

YES NO

TB Questionnaire (Continued)

8. Do you live with or have you been in close contact with someone who was recently diagnosed with TB? (shelter roommate, close friend, relative)

- YES NO DON'T KNOW

PART 2 - CURRENT SYMPTOMS

1. Do you have a cough that has lasted longer than three weeks?

- YES NO

2. Do you cough up blood or mucous?

- YES NO

3. Have you lost your appetite? Aren't hungry?

- YES NO

4. Have you lost weight (more than 10 lbs) in the last two (2) months? Without trying to?

- YES NO

5. Do you have night sweats (need to change the sheets or your clothes because they are wet)?

- YES NO

Evaluator's comments: _____

Were exposure control methods implemented?

- YES NO

Was individual referred to L.A. County Jail for further evaluation?

- YES NO

Evaluator's Signature: _____ **Date:** _____