DEFINITIONS:

Notifiable Conditions – those conditions requiring reporting

POLICY:

The following protocols will be followed with regard to all clinic employees to prevent the spread of tuberculosis (TB), Hepatitis B, and influenza.

PROCEDURE:

I. TUBERCULOSIS

A. New Employees
   1. Upon employment all staff must provide documentation of a current TB test. Individuals not current will be administered a tuberculosis test.
   2. Staff who has had a positive tuberculin skin test in the past will obtain a chest x-ray.
   3. Any positive findings will be referred to the Medical Director for assessment and treatment.

B. Exposures – All Employees
   1. If a staff member is exposed to a known or suspected tuberculosis patient or a patient who has tuberculosis symptoms a tuberculin skin test or chest x-ray (if indicated) will be offered to the employee.
   2. In cases of exposure a repeat tuberculin skin test will be offered to employees at 90 days post-exposure.
   3. Cases of confirmed tuberculosis will be reported to the county Public Health Department.
   4. Active cases of tuberculosis will be followed and managed by the Medical Director or a designated physician of the employee’s choice which will be documented in the agency records.
   5. The case will be followed inter-agency throughout treatment.
   6. Healthcare workers with active infectious tuberculosis may pass that infection to other employees or to patients. Therefore, they must be
restricted from duty until they have completed a 14 to 18 day course of antibiotics, the cough has resolved and three consecutive sputum smears are negative.

7. Healthcare workers on preventive therapy may continue to work.

II. HEPATITIS B
   A. New Employees
      1. Hepatitis B immunization will be offered to each occupationally exposed employee within ten (10) working days of their employment at no cost to the employee and during their normally scheduled work time.
      2. Under the following situations the agency is not required to provide the immunization:
         • The employee has been previously immunized.
         • An antibody test reveals a protective titer.
         • The vaccination is medically contraindicated.
         • The employee chooses to decline the immunization.
      3. If the employee declines immunization at the time of employment they will be asked to sign a declination form.

   B. All Employees
      1. An employee may decide to accept the vaccination at any time while they are employed by the Agency. It will be provided to them under the same conditions as stated above for a new employee.
         • A titer can be done one to two months after the third dose of vaccine.
         • If the employee chooses to have the titer it will be performed at no charge to the employee. If the antibody shows no (or low) response, the employee will be offered a repeat series of three doses.
         • If the employee chooses to decline the titer they may sign a declination at that time.
         • If, after the second series of hepatitis B vaccinations have been received and a repeat titer is performed that reveals no (or low) response the employee will be advised to seek a medical evaluation.
      2. Documentation of hepatitis B immunization of employees will be maintained in a confidential manner for 30 years beyond the termination of the employee’s job.
      3. Copies of the documentation of immunizations and titers will be supplied at the request of the employee or the former employee.

II. REPORTING OF COMMUNICABLE DISEASES IN STAFF
   A. Employees who are suspected of having a reportable disease will be referred to their private physician.
B. Employees who are diagnosed and treated for a communicable disease deemed by their private physician to be transmittable with patient contact will be required to report their illness to the Agency.
C. The employee may return to work upon documented release by their private physician

RELATED POLICY:

Infection Control Plan
HR Policies

REFERENCES:
See also

REQUIRED BY:
Department of State Health Services (DSHS)

ATTACHMENTS/ENCLOSURES:
Notifiable Conditions List
Declination Form
## TITLE: Infection Control - Employee Health

**Scope/Purpose:** To prevent the spread of infectious diseases.

**Division/Department:** All HealthPoint Clinics

**Policy/Procedure #:**

**Original Date:** 12/17/2008

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**Date Reviewed:** 06/30/2014  
**Date Revised:** 07/10/14  
**Implementation:** 07/10/14  
**CPIC Approved:**  
**Board Approved:**

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**Date of Revision**  
**Description of Changes**

07/01/2014  
Updated to new format and current requirements

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