

# THE COUNSELING SOURCE, INC.

## POLICY AND PROCEDURE

TITLE: Tuberculosis (TB) policy

PURPOSE: The purpose of this policy and procedure is to provide The Counseling Source, Inc. associates with specific guidelines to reduce the risk of exposure to Mycobacterium tuberculosis within the workplace.

POLICY: The policy will include an initial two-step Mantoux skin test of all associates upon hire, completion of an annual TB Exposure Affidavit, and initial and annual education regarding TB and reducing exposure risk.

PROCEDURE: The Counseling Source, Inc. will implement the following procedures in establishing and maintaining the Tuberculosis (TB) policy:

### (A) Tuberculin Skin Testing

(1) Upon hire, new associates will complete a two-step Mantoux skin test (TST).  
**EXCEPTION:** If the associate can provide evidence of a negative TST during the 12 months immediately preceding the hire date, then the associate is only required to complete a one-step skin test upon hire.

- If the result of the skin test is negative, nothing further is required and results of the negative skin test will be maintained in associate record.
- If the result of the skin test is positive, the associate will be referred for physical examination and completion of chest x-ray and must be cleared by a physician before starting work.

(2) If an associate has a history of a positive skin test or past treatment of TB, and documentation of the positive skin test and chest x-ray can be provided, then the associate must complete *Tuberculosis Risk Assessment Questionnaire* and a skin test is not required. If documentation of the past positive skin test or past treatment of TB cannot be provided, then the associate should complete a two-step skin test.

- If the associate has had a positive TB skin test in the past or treatment of TB disease in the past and does not exhibit any current symptoms of TB, the questionnaire will become a part of the associate record and nothing further is required.
- If the associate has had a positive TB skin test or treatment of TB disease in the past and is exhibiting any current signs or symptoms of TB, a chest x-ray must be completed and the associate should not begin work until the results of the chest x-ray are reviewed by a physician and the associate is

cleared to begin work by the physician.

(3) If an associate has a medical condition or circumstance that precludes him or her from completing the TB skin test and the associate has documentation from his or her Doctor that he/she should not complete a TB skin test, the associate will then complete *Tuberculosis Risk Assessment Questionnaire* in place of a skin test, and will be referred to his or her physician only if there are current symptoms of TB reported by the associate.

- The associate will complete TB test following resolution of medical condition or circumstance, if applicable, which precluded the associate from testing at the time of hire.

(4) Annual TB skin testing is required for all associates who provide direct service with suspected or confirmed TB cases. All other associates only need to be retested if there is a known TB exposure.

(B) Education of Associates surrounding reducing exposure to TB

(1) Initial and annual training will be provided to all associates to include:

- A review of signs and symptoms of TB
- A review of TB risk factors
- A review of good infection control practices

(C) TB Exposure Affidavit

(1) All associates will complete a TB Exposure Affidavit annually, indicating if they have had any known or suspected exposure to TB over the past year.

- If the associate reports no known or suspected exposure to TB over the past year, the affidavit will be filed in associate record and nothing further is required.
- If the associate reports known or suspected exposure to TB, the associate will complete a TB skin test and will follow subsequent recommendations based on the results of the skin test, which may include a referral to a physician for further examination and a chest x-ray.

REVIEWED: March 2018

**Tuberculosis Risk Assessment Questionnaire**  
**The Counseling Source (TCS) and The Rehab Continuum (TRC)**

**Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
(Please Print Clearly)

These questions are being used to screen for symptoms of active Tuberculosis (TB) in people who have had a previously positive TB test and negative chest x-ray or unable to have a TB test done for other medical reasons. This form must be completed on an annual basis if the employee will not be having a TB test.

Reason for not having TB test done: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

**\* Please attach Doctor's note with brief description of why TB test should not be completed, along with Doctor's signature.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETE THE FOLLOWING ONLY IF YOU HAVE HAD A POSITIVE TB TEST:**

Please complete the following questions by circling yes or no.

**Have you experienced any of the following symptoms of TB over the last year:**

Frequent cough (with blood) lasting for over 2 weeks? ..... Yes No

Fatigue (extremely tired)? ..... Yes No

Night sweats? ..... Yes

No

Unexplained weight loss? ..... Yes No

Fever of unknown reason? ..... Yes No

If you answered "Yes" to any of the questions above, you need to call your Healthcare Provider before returning to work. You have symptoms of active TB, which is a highly contagious and potentially fatal disease. You need to call and schedule your appointment with a Healthcare Practitioner immediately; you will need a chest x-ray to verify your TB status. You will not be allowed to return to work until you have submitted a copy of a negative chest x-ray within the last 2 years to Human Resources.

If you answered "No" to any of the questions above, you need to submit this form to Human Resources.

Please review the symptoms listed above, they are the symptoms of active TB. Active TB is a highly contagious and potentially fatal disease. If you should experience any of the symptoms above, you need to call your Healthcare Provider immediately.

---

Your signature below indicates you have completed this form honestly and understand the symptoms of active TB listed above, the severity of the disease, and the actions to take if you experience these symptoms.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

