

**Idaho Department of
Juvenile Corrections
Institutional
Policy/Procedure**

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SUBJECT: EMPLOYEE TUBERCULOSIS TESTING

CATEGORY: MEDICAL SERVICES

Policy

Tuberculosis (TB) can be a significant health hazard when introduced into closed residential populations.

It is therefore the policy of the Idaho Department of Juvenile Corrections (IDJC) that as a condition of employment, employees are initially tested and screened for TB and on an as needed basis to determine their TB status.

Operating Procedures

I. Initial Testing

- A. New Juvenile Corrections Center (JCC) employees and any other IDJC employees that frequently enter the secure area of JCC facilities including but not limited to Clinical Supervisors, Juvenile Service Coordinators, District Liaisons, Education Supervisors, and Human Resources (HR) staff, receive the Two Step Mantoux PPD TB skin test (TST) from the licensed medical staff within 45 days of employment. An employee who is pregnant, may defer testing to a later date. The CDC states that TST are safe during pregnancy.

Step 1

1. License Medical staff administers the first TST following proper protocol
2. Review result: The licensed medical staff interprets and documents test results within 48 to 72 hours of the test.
 - a. Positive — no second TST needed.
 - b. Negative — a second TST is needed. Retest in 1 to 3 weeks after first TST result is read.

Step 2

1. Administer second TST 1 to 3 weeks after first test

2. Review results: The licensed medical staff interprets and documents test results within 48 to 72 hours of the test.
- B. A written report of two-step TB skin testing done by an outside agency less than 60 days prior to employment or a TB blood test such as the T-SPOT or the QuantiFERON TB Gold is acceptable in lieu of IDJC testing.
- C. TB skin tests are documented on the DJC-224 form. After both steps in the skin testing are complete, the DJC-224 form is sent to HR to be stored in the employee personnel file.

II. Positive Test Results

- A. A new employee with a documented history of a positive TB skin test, or an employee with a history of or diagnosis of latent tuberculosis infection (LTBI) will need to provide documentation showing completion of treatment.
 1. If no documentation of treatment completion is available, they will be referred by the Facility Health Authority (FHA) or designee to a preferred healthcare provider or the local district health department for further evaluation.
 2. The FHA, or designee, assists the employee in making arrangements for the preferred healthcare provider to direct bill the employee's IDJC facility or work unit PCA for the initial visit.
 3. The new employee works and performs assigned IDJC duties, unless otherwise specified by the preferred healthcare provider.
 4. If the employee is unable to return to work or continue working due to health reasons, HR is consulted and applicable policies followed.
- B. A new employee who has a positive reaction to the first or second TST, is referred by the FHA or designee, to a preferred healthcare provider or the local District Health Department for further testing and follow up care.
 1. The FHA, or designee, makes arrangements for the preferred healthcare provider to direct bill the employee's IDJC facility or work unit PCA for the initial visit.
 2. If the results of the tests show that the employee has latent tuberculosis, the employee is referred to seek treatment. Any medical costs related to the treatment are the employee's responsibility.
 3. The new employee works and performs assigned IDJC duties, unless otherwise specified by the preferred healthcare provider.
 4. If the employee is unable to return to work or continue working due to health reasons, HR is consulted and applicable policies followed.

- C. The employee provides the FHA a copy of the lab work results, chest x-ray, or verification of treatment. The FHA forwards this information to Human Resources to store in the employee's personnel file.

III. Annual Ongoing Screening

- A. Per CDC guidelines annual TB testing of IDJC staff is not recommended unless there is a known exposure or ongoing transmission. The FHA collaborates with the contract medical provider and the epidemiologist at their local health department to determine the need for annual and ongoing TB skin testing.
- B. Employees are required to complete the Employee Tuberculosis Symptom Screening (DJC-221) form annually. Licensed medical staff reviews the DJC-221 forms and forwards to HR for the employee personnel file. Employees are instructed to report any new development of symptoms to the FHA immediately.
- C. Employees with a history of or diagnosis of latent tuberculosis infection (LTBI) that have documentation of completion of treatment, will not be required to have serial or repeat chest radiographs. They will complete the DJC-221 annually. Employees with a history of a positive TB skin test and or LBTI are referred to a healthcare provider for evaluation, as needed, if symptomatic.
- D. The employee provides the FHA a copy of lab work results, chest x-ray, or verification of treatment. This information is forwarded to HR to be stored in the employees personnel file.

III. Employee Training

IDJC employees identified in section I and II are required to take and pass the Bloodborne Pathogens and Tuberculosis training in TrainCaster on an annual basis.

Reference: [Glossary of Terms and Acronyms](#)

Patient Referral for TB Clinic

Blood Borne Pathogens and Tuberculosis (TrainCaster)

Centers for disease control: Tuberculosis: <https://www.cdc.gov/tb/topic/basics/default.htm>.

Desk Manual(s): *None*

Related Policies: [Coordination of Health Care \(802\)](#)

Related Forms: [Employee Tuberculosis Symptom Screening Form \(DJC-221\)](#)
[Employee Orientation Certification of Understanding \(DJC-009\)](#)
[Tuberculosis Skin Test \(DJC-224\)](#)