 <b>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</b>	<b>TUBERCULOSIS (TB) SURVEILLANCE - STAFF / STUDENTS - STANDARDS</b>	<b>Policy 5.4.1 Protocol 1</b>
<b>TB SURVEILLANCE PROTOCOL</b>		

## PURPOSE

- To prevent the spread of tuberculosis (TB)
- To maintain the health and safety of Bay of Plenty District Health Board (BOPDHB) employees, patients / clients and visitors
- To meet our public health responsibilities


## TB RISK CATEGORIES

<b>HIGH Risk Employee positions / services</b>	Clinical staff (including doctors, midwives, nurses, physiotherapists, laboratory staff, ward clerks, patient care attendants, cleaners on wards) involved with the diagnosis and treatment of patients with tuberculosis, HIV or chronic chest disease
<b>MEDIUM Risk Employee positions / services</b>	All other clinical staff with direct patient contact or contact with body tissue who are not categorised as high risk staff
<b>LOW Risk Employee positions / services</b>	All non-clinical, administration, clerical (excluding ward clerks), management and trade staff.

## STANDARDS TO BE MET

1. A pre-employment screening programme must be in place which includes testing for TB exposure (interferon release assays) and chest x-rays as per BOPDHB policy 3.50.01 protocol 2 Pre-Employment Health Screening.
2. All staff known to have been exposed to TB, or suspected of having the disease, must be managed according to protocols and treatments prescribed by Employee Health and Safety / medical staff.
3. Any cases of TB in employees must be notified to the Medical Officer of Health as required by the Ministry of Health under the Notifiable Diseases Act and all appropriate precautions and actions taken for follow-up of contacts etc.
4. Any employee with confirmed or suspected TB must not return to work until given clearance by the Medical Officer of Health or Infectious Diseases Physician. Employee absence will be managed in accordance with the relevant employment agreement.
5. Employee Health and Safety is to be notified via the Notifiable Diseases process
  - 5.1 If a prospective employee is found to have a positive interferon release assay and / or an abnormal chest x-ray raising the suspicion of TB they are to be referred to an Infectious Diseases Physician or Respiratory Physician. It is the responsibility of the physician to advise the Specialty Nurse, Employee Health and Safety on how this person is to be managed. Options available are:-
    - a) Not employ
    - b) Active TB treatment
    - c) Latent TB Treatment

Issue Date: Mar 2016 Review Date: Sep 2016	Page 1 of 3 Version No: 3	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
Protocol Steward: Manager, Employee Health & Safety	Authorised by: Infectious Disease Physician	

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- d) Serial chest x-rays
- e) Periodic symptom questionnaire
- f) Restrict work placement

5.2 All documentation will be retained by Employee Health and Safety.

6. Speciality Nurses, Employee Health and Safety will maintain confidential records of relevant TB Health Status.

7. Investigation of health care workers after exposure to a case of TB during their employment

7.1 It is the responsibility of the treating doctor to notify the Medical Officer of Health and Infection Control Team of any TB Case suspected of having any form of tuberculosis.

7.2 Any contact tracing will be carried out under direction of the Medical Officer of Health in liaison with the department / ward managers and Speciality Nurse, Employee Health and Safety.

7.3 The degree of follow up of contacts will be a matter of judgement by the Medical Officer of Health and / or Infectious Diseases Physician based on individual clinical circumstances. Guidelines for allocation of risk status and the level of exposure in a contact investigation are available in the Ministry of Health Guidelines, 2010.

7.4 It is the responsibility of the Speciality Nurse, Employee Health and Safety / Public Health Nurse to follow Medical Officer of Health instruction regarding management of staff who may have been exposed to TB, in consultation with the treating doctor.

8. Employees infected with TB

8.1 Any employee with symptoms of TB must advise the Specialty Nurse, Employee Health and Safety immediately who will arrange an appointment with the Infectious Diseases Physician or Respiratory Physician.

8.2 Any employee diagnosed with TB will need to get a clearance from the involved Infectious Diseases Physician, Respiratory Physician or Medical Officer of Health prior to returning to work.

8.3 If the period of absence is excessive or clearance delayed, normal procedures regarding employment will apply as per BOPDHB policy and the employee's employment contract.

8.4 Screening and related costs will be met by the cost centre the employee works for if work related.


9. Surveillance during employment

9.1 Bronchoscopy and induced-sputum rooms have been identified as high-risk areas within the BOPDHB.

9.2 Staff working in these areas will be requested by the Specialty Nurse, Employee Health and Safety, to complete an annual questionnaire about TB symptoms and recent exposure, and have a repeat interferon-release assay (if they previously tested negative).

9.3 Staff with interferon-release assay conversion and / or symptoms suggestive for TB will have a CXR, and those with abnormal CXRs and / or persisting TB symptoms will be examined by an Infectious Diseases or Respiratory Physician. If the symptoms include productive cough, TB sputum samples will be requested. If active TB is excluded, treatment of latent TB infection may be considered.

<p>Issue Date: Mar 2016 Review Date: Sep 2016</p>	<p>Page 2 of 3 Version No: 3</p>	<p>NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.</p>
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9.4 Staff working in any other area of BOPDHB (lower risk) will be reminded of their duty to report signs and symptoms suggestive of TB to the Specialty Nurse, Employee Health and Safety / Infection Control as part of responsibility to protect patients. Serial screening is not required.

## REFERENCES

- [Ministry of Health, 2010. Guidelines for Tuberculosis Control in New Zealand](#)
- [Ministry of Health, 1996. Tuberculosis Pamphlet](#)
- [Ministry of Health, 2003. Latent Tuberculosis Infection \(LTBI\) Pamphlet](#)
- [Health and Safety at Work Act 2015](#) and [Regulations 2016](#)
- Hospital Regulations 1993.

## ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 5.4.1 Tuberculosis Surveillance (Staff / Students)
- Bay of Plenty District Health Board policy 3.50.01 protocol 2 Recruitment – Pre-Employment Health Screening
- Bay of Plenty District Health Board policy 4.1.7 Notifiable Diseases

Issue Date: Mar 2016 Review Date: Sep 2016	Page 3 of 3 Version No: 3	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
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