



CITY OF DUBLIN

**CITY OF DUBLIN
ADMINISTRATIVE ORDERS
OF THE CITY MANAGER**

ADMINISTRATIVE ORDER 3.12
TO: All Employees
FROM: Timothy C. Hansley, City Manager
SUBJECT: Policy/Procedure For Managing Employee Exposure to Tuberculosis
DATE: October 25, 2000
New Administrative Order

I. Introduction to Tuberculosis

Tuberculosis (TB) is a disease caused by a bacterium, *Mycobacterium tuberculosis*. TB is spread primarily by airborne droplets coughed up from the lungs of persons with active disease. Once inhaled, the organisms establish infection in the lungs and then disseminate throughout the body before the immune response brings the primary infection under control. Most infected persons have no symptoms of disease. Following infection a small percentage of individuals will develop symptoms. About ten percent of persons who become infected will develop an active case of TB during their lifetimes.

The risk of developing active disease is enhanced by a number of factors, including HIV infection, pharmacologic immuno-suppression (steroids), underlying medical conditions such as diabetes mellitus and sudden weight loss.

For decades the prevalence of tuberculosis in the United States was declining. Since the mid 1980's, however, the number of tuberculosis cases increased. This increase appears to be fueled by the development of the epidemic of HIV infection in this country. Those areas seeing the largest caseloads of HIV infection are the same areas experiencing the largest increases in tuberculosis cases. In 1992 pulmonary tuberculosis was made an AIDS-defining illness. In 1993 the number of cases of tuberculosis in this country decreased from the previous year. This decline may be due to reporting of tuberculosis cases as AIDS-defining illnesses, rather than reporting through tuberculosis control channels or to greater success in having patients complete a course of treatment.

II. What to do in the event of an exposure

If you believe you have been exposed to tuberculosis in the course of your duties at the City of Dublin or have a non-work related exposure, you should discuss this with your supervisor for possible referral to the Franklin County Board of Health Tuberculosis Clinic for

tuberculosis screening. Individuals who become infected with tuberculosis (develop a positive skin test reaction) following an exposure are not able to transmit tuberculosis unless they develop an active case of TB.

III. Screening of employees for tuberculosis

Should an employee be found to have a positive skin test for tuberculosis further evaluation will be necessary, including, if needed, a chest radiograph. If the Tuberculin skin test is positive, preventive medicine may be indicated to reduce the risk of developing active disease. A decision whether to take that medicine should be made in conjunction with advice provided by the Franklin County Board of Health Tuberculosis Clinic and the employee's personal physician. Standard guidelines from the American Thoracic Society are employed in the decision to recommend prophylaxis following tuberculosis infection.

IV. Work Restrictions with a positive PPD

- a. An employee with current pulmonary or laryngeal TB will be excluded from work until adequate treatment is instituted, cough is resolved, and sputum is free of bacilli on three (3) consecutive sputum smears twenty four (24) hours apart and have negative cultures.
- b. Employees with current TB at sites other than lung or larynx may continue to work if concurrent pulmonary TB has been ruled out.
- c. Employees who are otherwise healthy and receiving chemoprophylaxis for TB infection, and whom active TB has been ruled out, will be able to continue usual work activities.
- d. Employees with a positive PPD who cannot take or do not accept or complete a full course of preventive treatment will have their work situations evaluated by Risk Management in consultation with the Franklin County Board of Health Tuberculosis Clinic to determine if reassignment is necessary. These employees will also be counseled about the risk of contracting the disease and to seek evaluation if symptoms develop that may be suggestive of TB.
- e. Employees with a positive PPD shall have a chest radiograph at least annually and report the results to Risk Management.

V. Individual Responsibilities

- a. *Responsibilities of Supervisors:*
 - 1) Prompt referral of employee suspected or proven to have active pulmonary tuberculosis.
 - 2) Notification of Risk Management/Human Resources and Procurement of potential exposure of employees to tuberculosis.

b. *Responsibility of employees:*

- 1) Notify your supervisor immediately upon notification of positive PPD tests or if are exposed

c. *Responsibilities of Risk Manager:*

- 1) Ensuring appropriate referral of employees suspected of having occupational exposure to a employee/patron with active pulmonary tuberculosis or when an unsuspected tuberculosis exposure episode has occurred.
- 2) Development of "contact" lists when an exposure episode has occurred, so that appropriate screening maybe performed.
- 3) Screening of City of Dublin personnel following an unsuspected workplace tuberculosis exposure episode.
- 4) Maintenance of centralized medical records allowing employee tracking.

VI. Important Telephone Numbers

Should you have questions about tuberculosis control, please call telephone numbers listed below for additional information. Risk Management has additional informational materials on Tuberculosis.

**Division of Human Resources and Procurement
Ron Whittington, Risk Manager 410-4411**

**Franklin County Board of Health Tuberculosis Clinic
181 Washington Boulevard
Columbus, OH 43215
614-645-7310**

Attachments