

CAROLINA FAMILY HEALTH CENTERS, INC.

PROCEDURE

TITLE: OSHA-200.03 Tuberculosis Risk Assessment and Employee Screening

EFFECTIVE DATE: October 2017

SECTION: OSHA

REFERENCE POLICY: OSHA-200 Respiratory Protections

RESPONSIBLE CHIEF: Chief Compliance Officer

RESPONSIBLE COMMITTEE: Central Compliance

REVIEWED: 4/16, 4/18, 8/12/2019, 7/11/2022, 11/13/2023, 02/09/2026

I. PURPOSE:

The purpose of this procedure is to outline the screening process for new employees and ensure that a tuberculosis risk assessment is conducted annually to determine Carolina Family Health Centers, Inc.'s (CFHC, Inc.) risk.

II. PROCEDURE:

An Interferon-Gamma Release Assay (IGRA) test to screen for tuberculosis is free to new employees who cannot provide documentation of a negative two-step tuberculin skin test (TST) or IGRA within the preceding twelve months. The Director of Human Resources facilitates the IGRA at the time of onboarding with an outside vendor. Documentation of the IGRA skin test is returned to the Director of Human Resources and filed in the employee's health record.

If a new employee has a history of a positive screening test or infection, this is documented in the employee's health record, and no further screening is indicated.

New employees determined to have a new positive TST receive a further clinical evaluation by one of CFHC, Inc.'s medical providers or the patient's medical provider. Any cost associated with this evaluation, including a chest x-ray, is covered by CFHC, Inc. Documentation of this assessment and the medical provider's clearance for the employee to return to work is provided to the Director of Human Resources.

Employees have a responsibility to notify the Director of Human Resources if they are under evaluation or treatment for suspected or known tuberculosis. Any employee with suspected or known infectious tuberculosis is excluded from work until documentation is provided from the health department or their medical provider that they are cleared to return to work. TST or IGRA results that convert to positive during employment and employees diagnosed with active tuberculosis, are recorded in the OSHA Form 300. Refer to *OSHA-100.01 Recording Employee Work-Related Illness or Injuries*.

CFHC, Inc. conducts a tuberculosis risk assessment for each location annually based on the CDC and the North Carolina Tuberculosis Control Program Guidelines and uses the *Tuberculosis Risk Assessment Worksheet* to record the assessment (see attachment). The Chief Compliance Officer conducts the risk assessment and reports the findings to the Central Committee for approval.

If a location is found to be at high risk (≥ 3 patients with active tuberculosis per location per year), employees working at the location receive additional education. All clinical staff at the location are fit-tested for N95 respirators. The Director of Clinical Services or his/her designee is responsible for completing fit testing. Refer to *OSHA-200.02 Respiratory Protection Program* and *OSHA-300.02 Management of Suspected or Known Tuberculosis Cases*.

III. ATTACHMENTS

- *Tuberculosis Risk Assessment Worksheet*