

 <p>KENTUCKY CORRECTIONS Policies and Procedures</p>	Policy Number	Total Pages
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P & P ACA Standard 3A-03 ACA 2-CO-1C-19	<p style="text-align: center;">EMPLOYEE HEALTH ISSUES</p>	
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I. DEFINITIONS

"Employee emergency healthcare" means a situation regarding an employee's medical condition that poses an immediate threat, or has the potential of posing an immediate threat, to the employee's life or long term well being, if medical attention is delayed.

"Hepatitis B" means a serious disease caused by a virus that attacks the liver. The virus, which is called Hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

"Hepatitis B vaccine" means a FDA approved vaccine, given in three (3) stages that prevents Hepatitis B disease and its serious consequences like hepatocellular carcinoma (liver cancer).

"Mantoux tuberculosis skin test" means an intradermal injection in the surface of the forearm of 0.1 ml purified protein derivative (PPD) containing five (5) tuberculin units.

"Routine employee healthcare" means a situation regarding an employee's medical condition that does not pose an imminent threat to the employee's long term health and well being. This represents a situation that is neither life threatening, nor presents a reasonable potential of permanently jeopardizing the employee's long term well being. This may include administering medication, performing tests, or taking vital signs.

"Routine employee physical" means a physical examination given a Corrections employee by a qualified medical professional. This examination may refer to the physical examination given all newly hired institutional employees, and specialized examinations, such as the one required for a commercial driver's license or admittance to an institutional emergency squad.

"TB Control Coordinator" means a designated staff from each institution's Medical Department to coordinate tuberculosis infection control activities.

"TB disease" means recent infection or reactivated growth of tubercle bacilli from a dormant lesion, which produce tissue necrosis accompanied by fibrosis in any body

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location it attacks. The disease is manifested through clinical symptoms and evaluated by diagnostic measures including skin testing, mycobacteriologic and radiographic diagnostic testing results indicative of clinically active TB disease.

"TB infection" means a condition in which living tubercle bacilli are present in the body, but the disease is not clinically active. An infected person usually has a positive tuberculin reaction, but he does not have any symptoms related to the infection and is not infectious; however, he will remain at lifelong risk for developing the disease unless preventive therapy is given.

"Two-step testing" means a baseline testing for TB for all new employees.

II. POLICY AND PROCEDURE

A. APPLICABILITY

This policy applies to all full and part-time institutional employees, employees of any other state agency assigned to an institution, probation and parole employees, consultants, and contract personnel.

B. GENERAL

1. Corrections shall conduct a TB disease infection control program that meets the guidelines, recommendations and mandates of the U.S. Department of Health and Human Services, Public Health Services, Centers for Disease Control (CDC), the TB Control Program Division of Epidemiology, Cabinet for Health Services, the Kentucky Occupational Safety and Health Standards, and the National Institute of Occupational Safety and Health. Corrections shall administer the three-stage Hepatitis B vaccine to institutional employees who choose to receive it. Corrections shall not administer routine employee healthcare, nor perform routine employee physicals. However, institutional medical staff shall render necessary attention to an employee requiring emergency healthcare until such time that the situation is stabilized or outside medical personnel take charge of the situation.
2. Each institution shall designate a TB Control Coordinator from the Medical Department. The TB Control Coordinator shall be responsible for overseeing the TB infection control activities of the institution, including the implementation of the TB control and prevention guidelines specified by the Tuberculosis Control Plan. The institutional TB infection control program shall include assessment, surveillance and containment activities.

C. RISK ASSESSMENT

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The institution shall schedule and conduct an annual risk assessment for each employee.

D. EDUCATION AND TRAINING OF EMPLOYEES

1. At the time of employment and annually thereafter, any institutional employee whose responsibilities include contact with an inmate shall receive training at the institution regarding TB disease prevention and infection control program.
2. Education and training shall be required to ensure employee knowledge regarding the hazards of TB disease transmission, signs and symptoms, surveillance, therapy and site-specific procedures, including the purposes of proper use of controls.
3. Completion of training shall be documented in the employee's training record.

E. EMPLOYEE SCREENING

1. All correctional institution health care providers, including contract, temporary and part-time staff, students, interns or residents, and institutional employees whose responsibilities include contact with an inmate patient or other person identified by risk assessment as potentially at risk for occupational exposure to tuberculosis, including clerical and maintenance staff, shall be screened for tuberculosis at the time of initial employment, periodically if indicated, and annually to identify TB infection and TB disease.
2. The employee screening process shall proceed as follows:
 - a. Upon employment, an institutional employee shall receive TB disease screening at the employing institution. The two-step testing method shall be used for a new employee who does not present documentation of a prior positive skin test. If the first skin test does not result in a significant reaction, a second test shall be given after seven (7) days, but prior to twenty-one (21) days. The infection or bacteria may be dormant in the body's system. The first test activates the immune system and may not be a true indicator. The second test is required to obtain an accurate result after the activation of the individual's immune system.
 - b. Annual institutional tuberculosis screening or TB disease skin testing shall be conducted using the Mantoux tuberculosis skin test (PPD).

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- c. Repeat skin testing that is more frequent than annually, shall be done if an employee is exposed to an infectious TB disease patient or as determined by the institutional physician or annual risk assessment.
- d. Pregnancy shall not exclude a female employee from being skin tested as part of the initial, annual or contact follow-up skin testing program, unless exempt as listed below.
- e. An exemption for TB disease skin testing of a new employee and annual testing includes anyone with a documented history of a positive skin test reading, adequate treatment of TB disease and considered cured, or adequate preventive therapy for TB infection; however, an exempt case for skin testing shall be screened initially and annually for signs and symptoms suggestive of tuberculosis.
- f. Any employee:
 - (1) refusing to permit the initial, periodic, indicated, or annual TB screening; or
 - (2) who does not complete the screening process, shall be required to obtain certification from the local county health department, verifying he has been examined and is free of infectious TB. An employee failing to comply within ten (10) working days shall not be permitted to work in the facility and may be placed on directed sick leave as specified in 101 KAR 2:102.

F. CONFIDENTIAL MANAGEMENT OF EMPLOYEE RECORDS

Employee TB screening, testing, treatment, work restrictions, counseling, exposure to TB disease, immune status or voluntary job reassignment shall be maintained. The employee confidential TB records and OSHA 200 logs shall be maintained. Every effort shall be made to contain sensitive information. Communication shall be limited to an individual who has to make a decision based on accurate information.

G. HEPATITIS B VACCINE

Institutional medical staff shall offer the three-stage Hepatitis B vaccine to those institutional employees who choose to receive it. These vaccinations shall be offered at times designated by institutional management. This vaccine shall be optional for employees who choose to take it.

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H. EMPLOYEE HEALTHCARE

1. For institutional employees experiencing a healthcare emergency, it shall be the policy of Corrections that institutional medical staff shall render assistance until the crisis is over or until relieved by qualified medical personnel, whichever occurs first. Such assistance shall be commensurate with the seriousness of the emergency, and may include control of bleeding, treatment of shock, or administering cardiopulmonary resuscitation.
2. For institutional employees with routine healthcare needs, it shall be the policy of Corrections not to administer any type of treatment through the institutional medical departments. Forbidden treatments include the administration of any prescription or over the counter medication, the dressing of non-emergency wounds, the administration of any lab tests, or the taking of vital signs.

I. EMPLOYEE PHYSICALS

1. An employee shall obtain a required physical and provide adequate documentation thereof within fourteen (14) working days or he shall not be permitted to work and may be placed on directed sick leave as specified in 101 KAR 2:102. Required employee physicals shall not be performed by institutional medical staff. Institutional wardens and fiscal managers may enter into agreements with local medical providers to provide this service to institutional employees requiring physicals associated with their employment. Such local providers shall bill the respective institutions on a per-employee rate for all physicals completed. Approval of the Deputy Commissioner of Adult institutions shall be required if the per-employee physical rate exceeds \$50.00. Employees in institutions that do not establish agreements with local medical providers for this purpose may submit travel vouchers for the reimbursement of the expense of a work-related physical examination.
2. Nothing in this policy shall be interpreted to allow employees to have the institution billed for non-work related physical examinations.
3. Probation and Parole officers, supervisors, and assistant supervisors or other personnel authorized to carry a weapon shall receive a medical and physical evaluation by a licensed physician. Re-examination may be requested on an individual basis as needed.
4. Probation and Parole staff may obtain an annual TB test.