|  |  |  |
| --- | --- | --- |
| Employee Health Program | **Last Revision:** | **November 2016** |
| **Last Reviewed:** | **December 2017** |
| **Applies to the following THA Group of Companies:**  | * Island Health Care
* Island Hospice
* Independent Life at Home
* Palliation Choices
* Integuhealth
* RightHealth
 |
| **Included in the following THA Manual:** | Administrative Policies and Procedures Talent Management |

**POLICY**

The organization has established an employee health program to ensure the health and safety of its employees and the patients to whom they provide care and services.

**HEALTH ASSESSMENTS**

1. All staff and volunteers who have contact with patients have a health assessment within one year prior to patient contact and annually thereafter at time of hire. A physician or registered professional nurse performs the health assessment.

a. If performed by a registered professional nurse, written standing orders or a protocol is on file and signed/approved by the physician.

b. The physician reviews the standing orders/protocol annually and a copy is maintained at the facility.

###### TUBERCULOSIS SCREENING

1. PPD testing includes the following:
	1. Upon hire a two-step PPD skin test is performed. A two-step procedure involves one initial tuberculin skin test with a negative result, followed 7-21 days later by a second test.
	2. If the employee can produce documentation of a negative PPD within the last 12 months, a single PPD test is required instead of a two-step procedure.
2. Staff member with negative test results from the initial two-step procedure is required to have an annual one-step skin test.
3. Employees with an allergy to Mantoux PPD and those with a documented history of a positive test are required to produce documentation of a negative chest X-ray within the past 12 months. These employees will be screened for TB annually and, if symptoms of TB are reported, a chest X-ray will be obtained.
4. Mantoux PPD screening is not performed on employees who are pregnant or potentially pregnant unless a physician’s release is obtained.
5. Any employee who is exposed to a potentially infected individual is screened for active TB as soon as possible after exposure. Contact with patients and other staff is not allowed until the employee has been evaluated, treated and released by a physician.
6. Patients who have possibly been exposed to TB or who exhibit symptoms of active disease are immediately referred to their physician.

Documentation of annual screening is maintained in the employee’s health file. Positive Mantoux PPD skin tests will be documented in the OSHA 200 Log and Summary.

**Health Care Workers with a Positive PPD Test**

1. All health care workers with a positive PPD test are required to obtain a chest x-ray and clinical evaluation for the purpose of ruling out clinically active TB.
2. Health care workers diagnosed with clinically active TB [confirmed or expected] are reported to the Department of Public Health. Those without clinical TB are:
	1. Evaluated for preventive therapy.
	2. Excluded from work until they are determined to be non-infectious. A physician’s written statement of medical release is required prior to the employee returning to work.
	3. Asked to provide a history of possible TB exposure in order to determine the source of infection.
3. All health care workers, including those with a history of a positive Mantoux PPD, are evaluated for pulmonary symptoms suggestive of TB.
4. Positive Mantoux PPD skin tests are documented in the OSHA 200 Log and Summary. In addition, test results are recorded in the health care worker’s medical record and in a retrievable aggregate database of all PPD test results so that results can be periodically analyzed. All information is handled confidentially.

### Health Care Workers with Active TB Infection

1. Any health care worker with pulmonary or laryngeal TB is:
	1. Excluded from work until they are determined to be non-infectious. A physician’s written statement of medical release is required prior to the employee returning to work.
	2. Asked to validate they are receiving adequate anti-tuberculosis therapy as evidenced by absence of a cough and three consecutive daily AFB smears that are negative.
	3. Required to remain on effective anti-tuberculosis therapy for the appropriate time period after returning to work. Any employee who discontinues treatment before the recommended course of therapy has been completed is placed on leave of absence. Work may not be resumed until there is documented evidence of adequate response to treatment with negative AFB sputum smears on three consecutive days.

*[NOTE: Health care workers with TB sites other than the lung or larynx usually do not need to be excluded from work if concurrent pulmonary TB has been ruled out.]*

1. If a private physician is rendering treatment, a knowledgeable professional in the agency should be advised confidentially of the employee’s diagnosis in order to verify the appropriateness of the treatment and monitor symptoms and job duties.

**Health Care Workers with Latent TB Infection**

1. Health care workers receiving preventive treatment for a latent TB infection are allowed to continue their usual work activities.
2. Health care workers who cannot take or who do not accept/complete a full course of preventive therapy are not to be excluded from work, but are at risk of developing active TB. These workers are encouraged to seek evaluation promptly if symptoms develop and are evaluated to determine if reassignment is necessary.
3. An employee’s medical records must contain a record of Mantoux PPD skin testing and related medical evaluation and treatment.

## RESPIRATORY PROTECTION

1. Employees entering the homes of individuals with suspected or confirmed TB are required to wear a NIOSH-approved Respiratory Protective Device.
2. Respiratory protective devices used for M. tuberculosis meet the following criteria:
	1. The ability to filter particles 1 micron in size.
	2. The ability to be qualitatively or quantitatively fit-tested to obtain an acceptable level of face seal leakage.
	3. The ability to obtain a fit with different facial sizes and characteristics.
3. Respiratory protective device wearers and supervisors receive training in the following:
	1. The need for wearing their respiratory protective devices and the potential risks of not doing so.
	2. The nature, extent, and specific hazards of TB transmission in the health care setting.

## HEPATITIS B VACCINE

1. Upon employment, all new staff members are required to sign a consent form giving THA Group, Inc. permission to administer Hepatitis B vaccine.
2. Employees may choose to waive vaccination or provide documentation of previously received vaccination.
3. Documentation of vaccination status is filed in the employee’s personnel health record.