I. Tuberculosis Surveillance

Tuberculosis surveillance for Covered Individuals is based on current U. S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) Recommendations and Reports (December 30, 2005, 54 (#RR-17):1-147), Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings.

(a) New Employee Orientation

(1) Any employee of TTUHSC with direct patient care is required to have documentation of a TB skin test (TST) having been performed within the last 12 months, regardless of a history of BCG vaccine, or an IgRa that was negative.

(2) Any employee with direct patient care who has never received a TB skin test (TST), tested negative prior to the last twelve month "window" must undergo (2-step) testing.

(3) Any employee with direct patient care with documentation of a positive TB skin test (TST) shall provide a report from a physician indicating that a chest x-ray taken within the previous 12 months was negative for TB, must have chest x-ray performed and read before starting any patient related activities, or have documentation of a negative IgRa. An annual TB questionnaire must also be completed.

(b) Annual Requirements

(1) All employees with direct patient care will be required to have an updated TB skin test (TST) annually, coordinated through the Health Surveillance Unit at each campus.

(2) Any employee that converts to a positive TB skin test (TST) at the time of annual evaluation will be required to obtain a chest x-ray and complete a TB screening questionnaire with follow-up, or IgRa testing as deemed necessary.

   a) New converters on with a TB skin test must be referred to the Texas Department of State Health Services or their documented PCP if the IgRa testing is positive. If IgRa testing is negative, no follow up is necessary. Any follow-up or treatment will be coordinated and documented by the local health departments.

(c) Cost Responsibilities

(1) Costs for baseline and annual TB skin tests will be borne by the Office of Institutional Health.

(2) Costs for Chest x-rays or IgRa testing will be paid for by the clinical department in which the employee is assigned.

(3) Cost for baseline and annual TB skin tests (or screening x-rays) for Residents will be paid for through GME or assigned clinical department.

(d) Record Maintenance

Baseline and annual records shall be received, validated, and maintained by the Health Surveillance Unit at each campus.
II. Immunizations

Immunization requirements are based on regulations, guidelines and recommendations available as of November, 2013 from the Texas Administrative Code (TAC), Texas Department of State Health Services (DSHS), the U.S. Centers for Disease Control and Prevention (CDC), and the U.S. Advisory Committee for Immunization Practices (ACIP). See attached Healthcare Worker Vaccination Recommendations (2013).

(a) New Employee Orientation

All employees with direct patient care must have received all required immunizations and/or titers or have signed declinations with documentation submitted prior to starting patient related activities as coordinated through the Health Surveillance Unit.

(b) Annual Requirements

(1) Annual Flu vaccine will be offered to all TTUHSC employees with direct patient care, and will be administered through their clinical departments. (Family Med, OB/GYN, PEDI, etc). If an employee with direct patient care declines to receive the FLU vaccine or has received it from another provider, a signed declination must be on file for that employee.

(2) New immunizations, as recommended, by the CDC will be offered to employees with direct patient care

(c) Cost Responsibilities

(1) All costs of immunizations and or titers will be borne by the clinical department in which the employees are assigned.

(2) Cost of Flu vaccine will be paid through the Office of Institutional Health for all employees with direct patient care.

(d) Record Maintenance

Records shall be received, validated, and maintained by the Health Surveillance Unit at each campus.

III. Exposure Management

Institutional management of exposure to: (1) blood-borne pathogens, (2) body fluids and, (3) other miscellaneous exposures is based on regulations, guidelines and recommendations available as of June, 2012 from the Texas Administrative Code (TAC), Texas Department of State Health Services (DSHS), the U.S. Centers for Disease Control and Prevention (CDC).

(a) Pre-Exposure Requirements

(1) All employees should have either received their Hepatitis B series, have a signed declination on file, or be in the process of completing the Hepatitis B series prior to any patient related activities.

(2) All employees should have an updated documentation of having received a one-time adult dose of Tdap.
(b) **Post-Exposure Requirements**

(1) **Reporting**

Employees who have a known or suspected exposure to an infectious disease during the performance of a clinical responsibility shall report that incident promptly to their immediate supervisor, fill out a First Report of Injury form, and seek immediate care from the Health Surveillance Unit on each campus.

(2) **Exposure Investigation and Management:**

Exposure investigation and appropriate management (if indicated) including, medication administration, vaccination, blood work, and counseling shall be provided to employees based on standing physician orders and recommendations from the designated Health Surveillance Unit.

(c) **Cost Responsibility**

(1) Costs for exposure investigation and management will be borne by the clinical department in which the employees are assigned.

(2) Cost for exposure investigation and management for Residents/Fellows will be borne by (GME) Graduate Medical Education or their assigned clinical departments

(d) **Record Maintenance**

All records concerning employee exposure will be maintained in the Health Surveillance Units on each campus.