Administrative Policies and Procedures: 4.15

<table>
<thead>
<tr>
<th>Subject:</th>
<th>Employee Health Care and Communicable Disease Prevention and Control</th>
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<tbody>
<tr>
<td>Authority:</td>
<td>TCA 37-5-105 (3), 37-5-106</td>
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<td>Standards:</td>
<td>None</td>
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<td>Application:</td>
<td>All Department of Children’s Services Youth Development Center (YDC) Employees and Volunteers whose Responsibilities Include Direct Contact With Children/Youth</td>
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Policy Statement:

Medical personnel in a Youth Development Center (YDC) Health Care Facility shall not provide health diagnosis, medical care, treatment or services for employees except for emergency first aid and care. The reporting of communicable disease exposure and disseminating methods for the prevention of communicable illnesses shall be completed in accordance with the provision of the statutes and regulations governing the control of communicable diseases in Tennessee and the Tennessee Department of Health.

Purpose:

To ensure that Youth Development Center employees working in a congregate care environment may be referred for screening and treatment of communicable diseases if signs suggestive of communicable disease are present.

Procedures:

A. Emergency Medical Treatment

1. Limitations

   Emergency medical treatment must be provided to employees using the Department of Children’s Services resources only when necessary to protect life or limb and/or to relieve suffering.

2. Extent of treatment

   Treatment must be provided as necessary to stabilize the employee until such time as the employee can be transported to a physician or emergency room may include:

   b) Maintaining airway, breathing and circulation;
   c) Protection during a seizure;
   d) Use of an automated external defibrillator (AED);
   e) Performing cardiopulmonary resuscitation (CPR); or
   f) Calling “911” or the local emergency response number
3. **Referral for treatment**
   a) Job-related injuries must be referred to a physician who is state-approved for insurance purposes (worker’s compensation).
   b) Non job-related injuries must be referred to the emergency room or to a private physician.

4. **Documentation**
   Triage and emergency care provided to employees for work-related injuries is documented on form **CS-0166, Accident/Injury/Traumatic Injury Report**.

B. **Communicable Disease Guidelines**
1. Employees with unexplained symptoms or signs suggestive of a communicable illness must be referred to their private physician or local health department.
2. Employees with signs or symptoms of a communicable disease will not be allowed to work within the facility until they are examined and have obtained documentation from a physician stating that they are free of a communicable disease and may return to work.
3. The employee is responsible for notifying his/her Supervisor and the YDC Superintendent of the illness. The Superintendent is responsible for the decision to send the employee home.

C. **Communicable Disease Control/Treatment**
1. **Employee/Volunteer Tuberculosis Skin Test**
   - **YDC Employees and Volunteers.** All DCS departmental treatment facility employees who work in a congregate care environment and whose responsibilities include direct contact with youth must have a tuberculosis skin test at the time of employment. Other options include:
     a) DCS has obtained a letter of agreement with certain Health Departments in the State for initial testing with cost being paid by journal voucher for DCS employees and volunteers.
     b) Employees and volunteers may receive TB skin test testing by a private physician. If employees or volunteers choose a private physician, they must bring a written statement from the physician stating they have been tested and/or examined and found to be free of infectious tuberculosis. Cost of testing by a private physician will be paid by the employee.
     c) Employees that have had past positive skin tests will not be re-tested, but instead they are referred to the local health department and follow the health department’s guidelines for follow-up and chest X-rays.

2. **Employee/Volunteer Annual Tuberculosis Risk Assessment**
   a) YDC Employees and volunteers will have a tuberculosis risk assessment completed and documented on form **CS-0925 Tuberculosis Self-Assessment for YDC Employees** on an annual basis at their YDC Human Resources (HR) office. The HR staff will score the assessment and, depending on the resulting score, the employee will return to work or be directed to go to the local health department or their personal physician for further evaluation.
3. **Employee Refusal**

Employees refusing to permit the tuberculosis skin testing or risk assessment will be required to obtain a statement from their private physician or local health department stating that they have been examined and found to be free of tuberculosis infection. Employees failing to comply with this request will not be permitted to work within the facility until the statement is presented or screening and/or testing is done.

4. **Signs and Symptoms of Employee Illness**

Symptoms of TB disease depend on where in the body the TB bacteria are growing. TB disease in the lungs may cause symptoms such as a bad cough that lasts three (3) weeks or longer, pain in the chest, coughing up blood or sputum (phlegm from deep inside the lungs), weakness or fatigue, weight loss, no appetite, chills, fever, sweating at night.

a) If, at any time, an employee displays signs or symptoms of TB, they are isolated and referred to the local health department or their personal physician for testing and evaluation for TB. Further activities include containment (preventing transmission of TB and treating persons with TB disease and LTBI); assessment (monitoring, screening and containment efforts) and the Department of Health in TB control.

b) All employees with unexplained respiratory symptoms or signs suggestive of tuberculosis will be referred immediately to the local health department or their personal physician for evaluation. Prior to returning to work, the employee will obtain a statement from the health department or their physician concerning the symptoms.

c) Any employee with a positive tuberculin skin test, and/or has not completed an adequate course of therapy or preventative treatment or is not currently on anti-TB drugs is referred to the health department or their personal physician for treatment.

d) Volunteers who are at high risk for tuberculosis will present to the facility, volunteer coordinator, or designee their evidence of freedom from infectious tuberculosis.

5. **Tuberculosis Surveillance**

When an employee is diagnosed as having transmittable tuberculosis, the local health department is contacted for assistance in contact investigation and appropriate surveillance measures.

6. **Hepatitis B Prevention**

DCS has obtained a letter of agreement with certain Health Departments in the state for Hepatitis B vaccination for employees working in a DCS congregate care facility. Cost is paid by journal voucher to DCS.

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**D. Confidentiality of Employees Personal Health Information**

Records and reports with personal health information regarding communicable diseases such as tuberculosis or hepatitis is filed in a confidential medical file in a secure location that is separate and apart from the official personnel file in Human Resources. (See DCS policy 4.17 Personnel Files.)
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<td></td>
<td><strong>CS-0166, Accident/Injury/Traumatic Injury Report</strong></td>
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<td><strong>CS-0925 Tuberculosis Self-Assessment for YDC Employees</strong></td>
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<td><strong>CS-1132 Fitness for Duty Medical Packet</strong></td>
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| Collateral documents:          | None                       |