



# NORTH CENTRAL HEALTH DISTRICT POLICY

## County Board of Health

### POLICY # NCHD EC - 507

## OCCUPATIONAL HEALTH REQUIREMENTS FOR PUBLIC HEALTH WORKERS

### 1.0 Purpose

The purpose of this policy is to achieve and sustain high vaccination coverage among North Central Health District (NCHD) employees to reduce occupational risk of exposure to vaccine-preventable diseases. Furthermore, it serves to protect patients and the community by preventing or limiting the transmission of infections.

**1.1 Authority** – The County Board of Health (CBOH) Occupational Health Requirements for Public Health Workers policy is published under the authority of the District Health Director (DHD).

### 2.0 Scope

This policy applies to all CBOH employees, DPH employees assigned to NCHD, and direct hire temporary staff in District 5-2 NCHD.

### 3.0 Policy

Because all employees play a critical role in response to a public health emergency and the potential risk of exposure to infectious individuals or materials is inherent in assuming such a role, certain vaccines are required of all employees in advance of such an event. Vaccination programs are an essential component of infection prevention and control. Therefore, NCHD supports an immunization and tuberculosis control program for public health workers based on the recommendations of the Centers for Disease Control and Prevention (CDC), the Advisory Committee for Immunization Practices (ACIP), and the U.S. Occupational Safety and Health Administration (OSHA).

### 4.0 Definitions and Acronyms

- 4.1 BCG:** bacille Calmette-Guerin, is a vaccine for tuberculosis.
- 4.2 Clinical Setting:** any place where health services are delivered.
- 4.3 District Office:** offices located at 201 Second Street, Macon, GA
- 4.4 Employees:** Employees are defined as all CBOH employees, DPH employees assigned to NCHD, and direct hire temporary staff.
- 4.5 IGRA:** Interferon-Gamma Release Assays, whole-blood tests that can aid in diagnosing the bacteria that causes tuberculosis infection.
- 4.6 LTBI:** Latent Tuberculosis Infection which describes people who never develop TB disease.
- 4.7 Mycobacterium tuberculosis (m. tuberculosis):** bacteria that cause latent TB infection and TB disease.
- 4.8 TST:** Tuberculosis skin test which is used to detect TB infection.
- 4.9 Tuberculosis (TB):** a contagious bacterium that affects the lungs.

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## 5.0 Responsibilities

- 5.1 Initial and annual TB testing is available at each county health department, and at the District Office through the District TB Coordinator.
- 5.2 District Immunization Coordinator is responsible for ensuring immunization requirements are met for all employees.
- 5.3 District TB Coordinator is responsible for ensuring all TB requirements are met for all employees.

## 6.0 Procedures

**6.1 Immunization Records:** All employees are expected to provide their immunization record or a valid exemption to their supervisor within 30 days of the date of hire. The supervisor is responsible for submitting the record or the valid exemption form to the District Immunization Coordinator for assessment and management of compliance with requirements.

### 6.2 Tuberculosis Screening

#### 6.2.1 Initial Screening

All new employees hired on or after the effective date of the current policy will receive baseline TB screening, including a risk assessment, symptom screen and TB test. The TB test is a two-step TST (tuberculin skin test) or a single IGRA (interferon gamma release assay) to test for infection with *M. tuberculosis* within 30 days of hire. The two-step method requires two separate TST's to be placed 1-3 weeks apart. Results will be interpreted using the current Georgia TB Reference Guide.

All employees should receive TB education at their initial evaluation and annually thereafter.

For employees who have a history of vaccination with BCG or a history of severe reaction (swelling, blistering, etc.) to a previous TST, an IGRA blood should be done.

#### 6.2.2 Exemptions to Initial Screening

Employees may be exempt from initial testing requirements if they have received previous treatment for latent tuberculosis infection (LTBI) or for active TB disease. Employees must provide

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documentation from their health care provider and be assessed by District TB Coordinator. These employees will receive a symptom screen and TB education at their initial assessment. Employees who have LTBI and no prior history of treatment should receive a symptom screen and TB education. These employees should be offered and strongly encouraged to complete treatment with a recommended regimen.

Employees with a prior positive TB test and documented normal chest x-ray do not require a repeat radiograph unless they are symptomatic or starting LTBI treatment.

### **6.2.3 Follow-up of Abnormal Results**

Employees having a positive reaction to a TST or IGRA, or employees who answer yes to any questions on the symptom screen will be considered as having a positive screen. The employee(s) will be referred to the county TB nurse for evaluation and treatment.

Employees with an indeterminate IGRA results shall have a repeat IGRA performed. If the second IGRA is also indeterminate, employees will be referred to the TB program for evaluation and recommendations by the TB contract physician on a case-by-case basis.

Employees referred to the county TB nurse for evaluation will have a "TB Service Record" (GDPF Form 3121R) chest x-ray, and appropriate lab work per the current TB Nurse Protocols. These records will be forwarded to the District TB Coordinator for review by the TB physician, and if indicated, a course of chemoprophylaxis will follow.

### **6.2.4 Annual TB Testing**

Based on 2019 CDC guidance annual TB testing of health care personnel is **NOT** recommended unless there is a known exposure or ongoing transmission at a healthcare facility. Therefore, only individuals working directly with TB patients will undergo annual TB testing. This includes nurses and lab staff who perform direct patient care and interpreters who assist with TB patients. Employees with untreated LTBI shall receive an annual TB symptom screen and are encouraged to complete treatment with a recommended regimen, including short-course treatments, unless a contraindication exists. These employees shall be educated about

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signs and symptoms of TB disease that shall prompt an immediate evaluation between their annual screenings.

All employees shall receive annual TB education including TB risk factors, signs and symptoms of disease, and infection control policies and procedures. Employees shall be encouraged to discuss any potential occupational or nonoccupational TB exposures with their primary care provider or county TB nurse.

### 6.3 Respiratory Protection

**6.3.1** All employees working in a clinical setting shall be fit tested to determine the appropriate size respirator.

**6.3.2** All employees working in a clinical setting are required to be re-tested every two years OR if there are significant changes in health or weight.

### 6.4 Post Exposure Testing/Prophylaxis

**6.4.1 TB:** All employees with a known exposure to TB disease shall receive a TB symptoms screen and timely testing, if indicated. Employees with a previous negative TB test results shall be tested immediately and re-tested 8-10 weeks after the last known exposure. For consistency, the same type of TB test (e.g., IGRA or TST) shall be used upon hire (preplacement) and for any follow-up testing. Employees with a documented history of a positive TB test result do not need to be re-retested after exposure to TB. They shall receive a TB symptom screen and if they have symptoms of TB, then evaluated for TB disease.

If reaction consists of induration less than 10mm then employees shall have the test repeated within 3-4 weeks. If the second TST is negative, the test will be repeated annually for as long as the reaction remains negative. If the first or second TST reaction is 10mm or more in induration, chest x-ray shall be performed and if indicated be followed by a course of chemoprophylaxis or other indicated therapy. Employees' health records shall be documented regarding the subsequent testing and follow-up.

**6.4.2 Rabies:** Any employee with a confirmed exposure to a known or suspected rabid animal during his/her work will file an incident report and receive Rabies Post-exposure prophylaxis (PEP).

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**6.4.3 Blood Borne Pathogen:** If an employee is exposed to a blood borne pathogen, refer to the Blood Borne Pathogen policy.

## 6.5 Immunization Requirements

All employees play a critical role in response to a public health emergency and the potential risk of exposure to infectious individuals or materials is inherent in assuming such a role.

**6.5.1** All employees are required to receive one dose of the influenza vaccine annually by November 1<sup>st</sup> of each calendar year.

**6.5.2** In addition to the influenza vaccine, the following immunizations are required of employees hired on or after the effective date of this policy revision.

**MMR** (2 doses or evidence of immunity to measles, mumps, and rubella)

**Varicella** (2 doses or reliable history of disease, or evidence of immunity to chickenpox)

**Td/Tdap** All adults who did not get Tdap vaccines as an adolescent should get one dose of this vaccine. Once they have had this dose, a Td or Tdap booster shot should be given every 10 years.

**Hepatitis A** (2 doses or evidence of immunity to hepatitis A)

**Hepatitis B** (Documentation of 3 doses. Unimmunized new employees must complete a 3-dose series and post-vaccination test showing immunity. If test result is negative, up to 3 additional doses of vaccine may be required)

## 6.6 Vaccines and Laboratory Testing

**6.6.1 Availability:** All required vaccines and laboratory tests are available through each of the county health departments.

**6.6.2 Cost and Payment:** There will be no out-of-pocket cost to current employees for any required vaccine, titer, TST, or chest x-ray (if needed in connection with TB screening/follow-up) if provided by a county health department. Insurance will be filed for any employee who has health insurance. Employees who are not insured or are underinsured will have the vaccines provided to them at no cost.

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## 6.7 Exemptions

**6.7.1** Employees may request a waiver to decline or be excluded from one or more of the health requirements covered by this policy based on one of the following:

- **Medical Exemption:** Persons with severe (life threatening) allergies to the vaccine or vaccine components or any other valid contraindication to a vaccine. Documentation from employee’s private provider is required.
- **Religious Exemption:** Religious beliefs that prevent an employee from being vaccinated.

**6.7.2** An exemption waiver may be granted after submission of the “Employee Immunization Exemption Application Form” (see Attachment A) to the Immunization Coordinator.

**6.7.3** Employee with an approved exemption from influenza vaccine and/or Tdap will receive a statement noting their exemption and a copy of the protocol describing the expectations for using alternative protection (see Attachment B). A copy of the signed protocol is to be returned to the employee’s supervisor.

## 7.0 Employee Return to Work Criteria

### 7.1 Return to Work Criteria for Employees with SARS-CoV-2 Infection

All employees are required to comply with the most recent quarantine and isolation guidance as specified by the CDC. See Attachment E.

### 7.2 Return to Work Criteria for Employees with Infectious Diseases

All employees are required to follow work restriction guidelines as specified by CDC recommendations. See Attachment E.

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## 8.0 Revision History

Revision #	Revision Date	Revision Comments
0	10/21/2015	Original version
1	01/04/2021	Revision 1.0
2	08/16/2023	<ul style="list-style-type: none"> <li>• Addition of Definitions and Acronyms</li> <li>• Clarification of “employees”</li> <li>• A <b>requirement for respiratory fit testing</b> was added to the Procedures section.</li> <li>• The deadline for yearly flu shot was moved from <b>December 31<sup>st</sup> to November 1<sup>st</sup>.</b></li> <li>• The requirement for <b>initial</b> testing and annual education for TB was changed to apply to <b>all</b> employees.</li> <li>• Td/Tdap combined following CDC usage.</li> <li>• <b>Attachment E</b> – Return to Work Criteria for Employees with SARS-COV-2, Infection, and Other Infectious Diseases was added to the policy documents.</li> </ul>

## 9.0 Related Forms

- 9.1 Attachment A – Employee Immunization Exemption Application.
- 9.2 Attachment B – Protocol for the Use of Alternative Infection Control Measures in the Absence Vaccination.
- 9.3 Attachment C – Acknowledgement of Policy for New Employees.
- 9.4 Attachment D – Occupational Health Requirements Worksheet.
- 9.5 Attachment E – Return to Work Criteria for Employees with SARS-COV-2, Infection, and Other Infectious Diseases.