



R.61- 22, THE EVALUATION OF SCHOOL EMPLOYEES FOR TUBERCULOSIS

Effective June 24, 2016

(This Regulation replaces and supersedes any former versions)

**Bureau of Disease Control
S.C. Department of Health and Environmental Control
2600 Bull Street
Columbia, SC 29201**

DISCLAIMER

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REGULATION HISTORY

R.61-22, The Evaluation of School Employees for Tuberculosis, was promulgated pursuant to 1976 S.C. Code Sections 44-29-150, 44-29-160, and 44-29-170.

R.61-22 was substantially amended by Document No. 4616 published in South Carolina State Register Volume 40 Issue 6 on June 24, 2016. This amendment replaced R.61-22 in its entirety, superseding any former versions of this Regulation.

61-22. The Evaluation of School Employees for Tuberculosis.

(Statutory Authority: 1976 Code Sections 44-29-150, 44-29-160, 44-29-170)

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I. PURPOSE AND SCOPE.

Sections 44-29-150 through 44-29-170 of the 1976 South Carolina Code of Laws pertain to the evaluation of employees of a public or private school, kindergarten, nursery or day care center for infants and children for tuberculosis. Section 44-29-150 authorizes the Department of Health and Environmental Control to establish guidelines for the evaluation of school employees for tuberculosis. Under these guidelines, all employees of a public or private school, kindergarten, nursery or child care center shall be screened for tuberculosis within ninety (90) days prior to initial hire, and will not be required to be evaluated annually for risk of tuberculosis exposure or development of tuberculosis disease. These guidelines shall apply to any person applying for a position or currently employed, whether full time, temporarily or in any other capacity, in a public or private school, kindergarten, nursery or child care center. The Department will provide guidelines to emphasize risk assessment for tuberculosis and targeted testing of identified high risk employees affording children greater protection against exposure to tuberculosis in the school environment.

II. DEFINITIONS.

For the purpose of the evaluation of public or private school, kindergarten, nursery or day care center for infants and children employees for tuberculosis, the following definitions and clarifications shall apply:

A. Adequate treatment. Therapy with anti-tuberculosis drugs that is determined by the department's Tuberculosis Medical Consultant to be sufficient for the treatment of infection or disease.

B. Blood assay for mycobacterium tuberculosis (BAMT). A general term used to refer to in vitro diagnostic tests that assess for the presence of infection with mycobacterium tuberculosis (MTB), such as an interferon gamma release assay (IGRA).

C. Legally authorized healthcare provider. An individual authorized by law and currently licensed in South Carolina to provide specific medical treatments, care, or services to staff members and/or patients, such as, physicians, advanced practice registered nurses, physician assistants.

D. New employee. An individual being initially hired.

E. Non-reactor. An individual with a negative skin test (see Appendix) or a negative BAMT.

F. Non-routine testing. Testing that may be required in special circumstances where there is epidemiologic evidence, such as when an employee is identified as a close contact of a person with infectious tuberculosis disease, that employees may have become infected or infectious, when

tuberculosis is known to have occurred in the public or private school, kindergarten, nursery or child care center environment, or when an employee is observed to have signs or symptoms suggestive of tuberculosis.

G. Regular employee. An individual currently employed who has had a pre-employment TB evaluation.

H. School employees. All employees to include teachers, bus drivers, office staff, custodial and cafeteria staff, and any other persons employed, in any capacity, by a public or private school, kindergarten, nursery or day care center for infants and children.

I. Treatment for tuberculosis infection (TTBI). Treatment to prevent tuberculosis disease from developing in tuberculin or BAMT positive reactors.

J. Tuberculin/BAMT positive reactor. Any individual found to have a positive skin test reaction (see Appendix), or an individual who has a positive BAMT.

K. Tuberculin skin test (TST). Test done by intradermal injection (Mantoux or any tuberculosis infection test currently approved by the Federal Drug Administration) of five (5) tuberculin units of purified protein derivative.

L. Tuberculosis disease (TB). A disease often contagious, usually diagnosed by chest x-ray and culture of tubercle bacilli from sputum or direct DNA testing, such as nucleic acid amplification testing (NAAT).

M. Tuberculosis infection. Presence of living tubercle bacilli in the body of an asymptomatic, non-infectious individual in which active disease has been excluded, as diagnosed by the TST or BAMT and a negative chest x-ray.

N. Two-step tuberculin skin test. Refers to the “booster test” where a second TST is given one to three (1 to 3) weeks after an initial negative TST in order to “boost” the immune system to recognize tubercle protein in the TST in the event infection is actually present in the body but is suppressed due to age or illness.

III. GUIDELINES FOR SCREENING AND EVALUATION.

A. Required screening and evaluation of public and private school, kindergarten, nursery or child care center employees for tuberculosis:

1. Each employee of a public or private school, kindergarten, nursery or day care center for infants and children shall have a DHEC Form 1420 on file in their personnel record at their current place of employment.

2. Unless directed otherwise under part 5 or 6 of this subsection, new employees shall have a two-step TST or single BAMT within ninety (90) days prior to the date of initial employment and tuberculosis annual risk assessment questionnaires thereafter administered by the school district.

3. Unless directed otherwise under part 5 or 6 of this subsection, regular employees, if they have not already done so, shall provide documentation of a two-step TST or BAMT (DHEC Form 1420) to be kept on file at their current place of employment.

4. New or regular employees documented to have been reactors to a prior TST or to have had a positive BAMT shall not be required to have a TST or BAMT. These employees shall have their records and health status reviewed by a legally authorized healthcare provider and obtain certification of being non-infectious via DHEC Form 1420 in order to begin or continue employment.

a. If a prescribed course of treatment for TB infection with anti-tubercular medications has been completed and documentation is provided, the employee may continue to work and annual risk assessments shall be required.

b. If the employee has not completed treatment for TB infection, or cannot provide documentation of completed treatment, the employee may continue to work provided there are no “yes” answers to the symptom sections on the risk assessment questionnaire.

c. The DHEC Form 1420 shall be completed by a legally authorized healthcare provider certifying that the individual is considered to be infected and remains at lifelong risk of developing tuberculosis disease.

5. New or regular employees who have had active tuberculosis in the past shall not be required to have a TST or BAMT. Instead, these employees shall comply with the following:

a. Employees with a history of active tuberculosis shall have their records and health status reviews annually by a legally authorized healthcare provider who shall, if appropriate and in consultation with the Department of Health and Environmental Control Tuberculosis Medical Consultant, certify the employee as non-infectious on DHEC Form 1420. All employees shall have a DHEC Form 1420 on file at their current place of employment.

b. If the employee has completed a prescribed course of therapy with anti-tubercular medications, and provides documentation indicating completion of such treatment, the employee may continue to work provided there are no “yes” answers on the risk assessment questionnaire.

c. If the employee has not completed a prescribed course of treatment, or cannot provide documentation of completed treatment, a legally authorized healthcare provider shall note on DHEC Form 1420 that the individual is considered to be infected and remains at lifelong risk of developing tuberculosis diseases.

B. Disposition following results of screening and evaluation:

1. All employees found to be new tuberculin reactors shall have a chest x-ray and subsequent medical evaluation to rule out active tuberculosis disease prior to start or return to work.

2. Any employee with symptoms of pulmonary tuberculosis shall be evaluated regardless of the BAMT or TST result. All symptomatic employees shall be excluded from work until disease is ruled out or the employee is no longer considered infectious, as certified on DHEC Form 1420 by a legally authorized healthcare provider in consultation with the Department of Health and Environmental Control Tuberculosis Medical Consultant.

a. If a chest x-ray (and sputum cultures, acid fast bacillus (AFB) staining or NAAT, if necessary) of a tuberculin reactor shows no evidence of current tuberculosis disease, the employee shall be evaluated for TTBI.

(i) If TTBI is medically indicated, and if the employee completes the treatment regimen as prescribed, only annual risk assessments shall be required.

(ii) If TTBI is not medically indicated, or if the employee for whom such therapy is indicated does not complete the prescribed course of treatment, annual risk assessments shall be required and a notation shall be made by a legally authorized healthcare provider on DHEC Form 1420, that the individual is considered to be infected and remains at lifelong risk of developing tuberculosis disease. The DHEC Form 1420 shall be maintained in the employee's personnel file.

b. If a chest x-ray (and sputum cultures, AFB staining, or NAAT, if necessary) of a tuberculin reactor shows evidence of current tuberculosis disease, the employee shall not work in any public or private school, kindergarten, nursery or day care center, until a Department of Health and Environmental Control Tuberculosis Medical Consultant certifies on DHEC Form 1420 that the individual is non-infectious. Certification is subject to review by the Department of Health and Environmental Control or delegated representatives in county health departments. This provision applies to an employee found to have tuberculosis disease at the time of hiring or at any other time.

3. Disposition of results of the tuberculosis risk assessment questionnaire:

a. Employees who have negative responses to the symptom and to the exposure risk sections of the questionnaire will need no further testing.

b. Employees with any "yes" responses to the tuberculosis symptoms section of the questionnaire shall receive further medical evaluation by a legally authorized healthcare provider which may include imaging, TST or BAMT testing, sputum collection or other, and further medical follow up based on symptoms.

4. New employees who are found to be infected, such as those who are reactors to the TST or who have a positive BAMT, will require a chest x-ray and certification (DHEC Form 1420) by a legally authorized healthcare provider that they are free of tuberculosis disease.

C. Documentation of results of screening and evaluation:

1. Results of the required evaluation or certification and the subsequent disposition for each employee shall be recorded on DHEC Form 1420 as provided for in Section 44-29-170 of the S.C. Code of Laws.

2. The public or private school, kindergarten, nursery or day care center for infants and children shall be required to maintain a copy of the annual risk assessment questionnaire completed by employees. Each employee of a public or private school, kindergarten, nursery or day care center for infants and children must have a DHEC Form 1420 on file in their personnel record at their current place of employment.

D. Non-routine screening:

Any employee may be required to undergo non-routine screening, if there is epidemiologic evidence that such employee may have become infected or infectious. Epidemiologic evidence for contact investigation includes, but is not limited to:

1. Identification of employees as close contacts of tuberculosis cases;

2. Occurrence of tuberculosis in the public or private school, kindergarten, nursery or child care facility environment; or

3. Observation of signs or symptoms in employees suggestive of tuberculosis.

IV. ADDITIONAL INFORMATION AND FORMS.

A. Questions regarding this regulation may be addressed to personnel of the county health departments or the regional offices of the Department of Health and Environmental Control. Questions which cannot be resolved at the local level may be referred to the Tuberculosis Control Division, Department of Health and Environmental Control, 2600 Bull Street, Columbia, S.C. 29201.

B. Examination and certification may be obtained by employees from private physicians. Certification forms (DHEC Form 1420) are also available, upon request, from the Department of Health and Environmental Control.

Appendix. Interpretation of the Tuberculin Skin Test (TST).

Reference:

Targeted Tuberculin Testing, MMWR, 2000, (49) No, RR-6

Induration of 5 mm or greater is considered positive in	Induration of 10 mm or greater is considered positive in	Induration of 15 mm or greater is considered positive in
<p>Human immunodeficiency virus (HIV)-positive persons</p> <p>Recent contacts of TB case patients</p> <p>Persons with fibrotic changes on chest radiograph consistent with prior TB</p> <p>Patients with organ transplants and other immunosuppressed patients (Receiving the equivalent of 15 mg/d of prednisone for 1 month or more. Risk of TB in patients with corticosteroids increases with higher dose and longer duration.)</p>	<p>Recent immigrants (i.e., within the last 5 years) from high-prevalence countries</p> <p>Injection drug users</p> <p>Residents and employees of the following high-risk congregate settings: prisons and jails, nursing homes and other long-term facilities for the elderly, hospitals and other health care facilities, residential facilities for patients with acquired immunodeficiency syndrome (AIDS), and homeless shelters</p> <p>Mycobacteriology laboratory personnel</p> <p>Persons with the following clinical conditions that place them at high risk: silicosis, diabetes mellitus, chronic renal failure, some hematologic disorders (such as leukemias and lymphomas), other specific malignancies (such as carcinoma of the head, neck, or lung), weight loss of 10 percent of ideal body weight, gastrectomy, and jejunioileal bypass</p> <p>Children less than 4 years of age, or infants, children and adolescents exposed to adults at high-risk</p> <p>Persons on TNF inhibitors</p>	<p>Persons with no known risk factors for TB</p>