



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-036200 Employee Tuberculosis Screening	Issued: 01/01/89 Effective: 01/01/89	Reviewed: 4/24/26 Revised: 09/12/23
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

Policy *CD-010100*

NMSA 1978, Section 33-1-6, and Section 24-1-15, and section 9-3-5 as amended.

REFERENCES:

- A. ACA Standard 2-CO-1C-19, *Standards for the Administration of Correctional Agencies*, 2nd Edition.
- B. ACA Expected Practices 5-ACI-1C-15, 5-ACI-6B-05 and 5-ACI-6B-06, *Performance Based Standards and Expected Practices for Adult Correctional Institutions*, 5th Edition.
- C. *NCCHC-Standards for Health Services in Prisons*, 2003.
- D. Recommendations of the Advisory Committee for Elimination of Tuberculosis, Centers for Disease Control, MMWR 1996; Vol.45/No.RR-8.

PURPOSE:

To protect the health of employees who may be exposed to tuberculosis by detecting such exposure in a timely fashion, treating infection when indicated, and preventing the spread of the disease within the institutions.

APPLICABILITY:

All Corrections Department employees and contract employees who have direct and continuing contact with inmates.

FORMS:

- A. **New Employee Tuberculosis Screening** form (*CD-036201.1*)
- B. **Annual Employee PPD Record** form (*CD-036201.2*)

ATTACHMENTS:

None

DEFINITIONS:

- A. *Active Tuberculosis*: Clinically active disease caused by organisms of the *Mycobacterium tuberculosis* complex. Persons who have active tuberculosis (TB) disease have symptoms

that differ depending on the site of the disease. Active TB can be treated with appropriate medicines.

- B. PPD: Purified Protein Derivative. A skin test solution purified from the tuberculosis organism, which is used to detect tuberculosis infection. A positive test means that the person has been exposed to someone with active tuberculosis and has been infected with the tubercle bacilli. He or she may never become ill with active tuberculosis but remains at lifelong risk until treatment.
- C. Converter: A person with a positive skin test result (PPD) who previously has had a negative skin test. Such a person has been exposed to someone with active TB and infected with the organism. His or her risk of developing active disease at some time in the future is significant. Such a person must be treated with anti-tuberculosis drugs.
- D. IGRAs (interferon gamma release assays): These are whole-blood tests that can aid in diagnosing *Mycobacterium tuberculosis* infection. They do not help differentiate latent tuberculosis infection (LTBI) from tuberculosis disease.
- E. INH (isonicotinylhydrazine, also known as Isoniazid): A drug used both in the treatment and the prevention of active tuberculosis. In the treatment of active tuberculosis, it is often used in conjunction with other drugs for a period of six months or longer. Treatment with INH, along with Vitamin B6, is recommended for all converters.
- F. BCG vaccine: A vaccination method not used in the USA but commonly used in other countries where *Mycobacterium tuberculosis* infections are more common, such as Mexico. BCG, or *Bacillus Calmette-Guerin*, provides increased resistance to tuberculosis infection. It also causes the vaccinated person to become permanently PPD positive on skin testing.

POLICY:

- A. Employees who have direct contact with inmates shall receive an appropriate physical examination prior to job assignment. All other employees shall receive medical screenings prior to job assignment. Employees shall receive re-examinations according to a defined need or schedule. [2-CO-1C-19] [5-ACI-1C-15]
- B. The risk of exposure to someone with active TB while working in a prison setting is significant. Therefore, the New Mexico Corrections Department shall do TB screening on employees who have frequent, direct contact with inmates (hereafter known as “applicable employees” or “employees”) by means of PPD testing or other acceptable method. Such testing will occur at the time of hiring and every year thereafter. Initial testing will be “two-step” on all new hires.
- C. In order to continue on active duty, each employee must be certified to be free of any communicable form of TB. Any employee who cannot be so certified must take appropriate leave until his/her treating physician certifies that he or she is free of any communicable form of tuberculosis.
- D. Employees who are PPD converters will be required to have a chest x-ray and see their physician, who will then decide whether they will be certified as “free of communicable tuberculosis.”

1. All potential TB suspects, including PPD converters, must be reported to the New Mexico Department of Health's Infectious Disease Bureau, Tuberculosis Program for monitoring and outcome.
 2. The medical vendor is responsible for maintaining records of suspected TB cases, PPD converters, and evidence of reporting to the Department of Health.
 3. NMCD human resource staff are responsible for tracking, archiving and retrieving all employment related TB records.
- E. Employees with a negative PPD skin test or blood (IGRAs) test will be certified as free of any communicable form of TB and will not be required to have a chest x-ray. TB blood tests (IGRAs), unlike the TB skin test, are not affected by prior BCG vaccination and are not expected to give a false-positive result in people who have received BCG. TB blood test are the preferred method of TB testing for people who have received the BCG vaccine. Employees will be required to have another skin test in one year.
- F. Employees who initially were certified as free of any form of Tuberculosis and later have a positive test will be required to have a chest X-ray and see a physician. Employees will complete the necessary paperwork in accordance with Policy (*CD-032300*) Workman's Compensation and Early Return to Work.
- G. Once an employee is determined to be a converter, repeat tests in the future are not indicated, but he or she must see their doctor for an annual chest X-ray and screening for symptoms of TB.
- H. If the primary care physician providing care for an employee has determined that the employee has undergone treatment for TB in the past, and determines that the employee has no evidence of active disease, the employee must furnish Human Resources with the physician's documentation of this medical opinion. In addition, the employee must visit their primary care physician for screening for symptoms of TB on an annual basis. Annual chest X-ray may be obtained if clinically indicated and consented to by the patient's employee.
1. If an employee is tested at a location other than the site where he or she is employed, a copy of the examination and outcome must be provided to the facility's Infection Control Nurse.
- I. The presence of TB will not be grounds for termination of employment.
- J. It shall be the responsibility of the correctional institution to keep records of its employees' TB screening and to notify employees when it is time for another skin test or X-ray and symptom screening. Records used for this purpose will be kept separately from the individuals' personnel files.
- K. All direct care staff are screened for TB infection and disease prior to job assignment and periodically in accordance with recommendations from applicable local, state, and federal public health authorities. **[5-ACI-6B-05]**



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PROCEDURES: [5-ACI-6B-05]

A. Procedure at Time of Hiring: [2-CO-1C-19] [5-ACI-1C-15]

1. A nurse shall complete a **New Employee Tuberculosis (TB) Screening** form (*CD-036201.1*).
2. If indicated, a nurse shall place an intradermal TB skin test, using Purified Protein Derivative (PPD) or any approved IGRAs test. If the employee reports a history of prior PPD positive in the past, but does not have documentation, a blood test may be conducted.
3. After 48-72 hours, the nurse shall read the result of the PPD, and documents the result in millimeters of induration on the screening form.

5mm or more is considered positive in:

- An HIV–positive person
- Persons with recent contact with a TB patient
- Persons with nodular or fibrotic changes on chest X-ray consistent with old healed TB
- Patients with organ transplants, and other immunosuppressed patients

10 mm or more is considered positive in:

- Recent arrivals (less than five years) from high-prevalence countries
Injection drug users
- Residents and employees of high-risk congregate settings (e.g., prisons, nursing homes, hospitals, homeless shelters etc.)
- Persons with clinical conditions that place them at high risk (e.g., diabetes, prolonged corticosteroid therapy, leukemia, end-stage renal disease, chronic malabsorption syndromes, low body weight, etc.)
- Children less than four years of age, or children and adolescents exposed to adults in high-risk categories.

15 mm or more is considered positive in:

- Person with no known risk factors for TB

4. If the test is negative, a second TB skin test shall be placed between fourteen and thirty days after the original skin test was placed.
5. After 48-72 hours, the nurse shall read the second step TB skin test and documents the result in millimeters of induration on the screening form.

6. If the second skin test is negative, the nurse shall check Disposition #2, signs the form, and forward it to human resources.
7. If the first or second step skin test results in induration of 10 mm or more (or 5 mm or more in an immunocompromised person), or the employee has documented proof of a previous positive skin test, the nurse shall check Disposition #2 on the **New Employee Tuberculosis Screening** form (*CD-036201.1*), sign the form, and forward it to human resources.
8. If the skin test is positive (10 mm or more, or 5 mm or more in an immunocompromised person), the employee is referred to his/her physician, who will complete a chest X-ray and either certify the employee as free of communicable disease or make recommendations for care. The certification or recommendation must be returned to human resources. Employees shall be responsible for any costs associated with this procedure.
9. A history of BCG vaccination shall not be taken as proof or presumption that the employee is immune to tuberculosis by virtue of vaccination, in the presence of a positive skin test.
10. Employment shall not commence until the employee has been certified by a physician as being free of communicable TB.
11. Employees who were not screened at the time of hiring or since are to be screened as though they were new employees, using the **New Employee Tuberculosis Screening** form (*CD-036201.1*) and the two-step method.

B. Procedure for Annual Screening:

1. Screening of Skin Test Negative Employees:
 - a. All employees who are skin test negative, using the 2-step method, at the time of hire, must be retested at yearly intervals. [2-CO-1C-19] [5-ACI-1C-15]
 - b. Annual testing, a two-stage test, shall be performed by a nurse at the facility where the employee is working.
 - c. The skin test must be read within 48-72 hours of placement.
 - d. Nurse shall document the results, in millimeters, on the **Annual Employee PPD Record** form (*CD-036201.2*).
 - e. If the skin test is negative, the employee is to be screened again in one year. The **Annual Employee PPD Record** shall be returned to the local Human Resources

office.

- f If the skin test results in 10 mm or more of induration (5 mm or more in immunocompromised persons), or if there are symptoms of TB, the procedures outlined in *Section A.7 through A.10* (above) are to be followed.

2. Screening of Skin-Test Positive Employees:

- a. Employees who initially were certified as free of any form of TB and later have a positive PPD test will be required to have a chest X-ray and see a physician. Employees will complete the necessary paperwork in accordance with Policy (*CD-032300*) Workman's Compensation.

C. Record Keeping:

1. It shall be the responsibility of the Human Resource Administrator at each correctional facility to keep a supply of necessary forms and records of initial and subsequent screening, tests, and results.
2. It shall be the responsibility of the Human resource Administrator at each correctional facility to establish a procedure for ensuring that each employee has been initially screened and is screened every year thereafter. This procedure shall be available for periodic review and audit for compliance with this policy.

**NEW MEXICO
CORRECTIONS DEPARTMENT
New Employee Tuberculosis Screening**

Name: _____ Institution: _____

DOB: _____ Age: ____ Sex: ____ Country of Birth: _____

History of Previous PPD: () Yes () No
If yes, date: _____ Result: _____

(If employee can provide DOCUMENTED PROOF of previous positive skin test, do not test again, but refer for chest X-ray and physician certification. Keep a copy of documentation in employee medical file).

History of BCG vaccine: () Yes () No
If yes, describe: _____

Are any risk factors present? () Yes () No (do not list factors)

INITIAL PPD (Read in 48-72 hours)

Date done: _____ Lot #: _____ Expiration date: _____

Nurse signature/title: _____

Date read: _____ Results in mm: _____ Nurse Signature: _____

SECOND STEP (for all with negative PPD #1, read in 48-72 hours)

Date done: _____ Lot #: _____ Expiration date: _____

Nurse signature/title: _____

Date read: _____ Results in mm: _____ Nurse Signature: _____

CONCLUSION:

Negative: _____ Positive: _____ (10 mm or more; 5 mm or more in immunocompromised person)

Disposition: (check one and sign at bottom)

- 1) _____ Skin test negative. No evidence of TB. Repeat testing in one year.
- 2) _____ Skin test positive, or employee has documentation of previous positive test. Referred for chest X-ray and certification by physician.

Date _____ Print Name: _____ Signature _____

