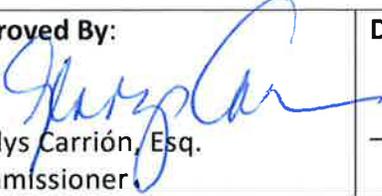


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City of New York
Administration for Children's Services

Policy and Procedure
2015/xx

Infection Control Program for Tuberculosis in ACS Juvenile Detention Facilities

<p>Approved By:  Gladys Carrión, Esq. Commissioner</p>	<p>Date Issued: 12/7/2015</p>	<p>Number of Pages: 10</p>	<p>Number of Attachments: 5</p>
<p>Related Laws: N/A</p>	<p>ACS Divisions/Provider Agencies: Youth & Family Justice; Administration</p>	<p>Contact Offices /Units: Division of Youth and Family Justice Stephanie Prussack Associate Commissioner Detention Services stephanie.prussack@acs.nyc.gov Division of Administration Stuart Goldstein Executive Director Office of Transportation, Health and Safety stuart.goldstein@acs.nyc.gov</p>	
<p>Supporting Regulations: 29 CFR 1910.134 9 NYCRR 180.8(i)(1) 9 NYCRR 180.9 12 NYCRR 801.11 (PESH ACT)</p>	<p>Supporting Case Law: N/A</p>	<p>Bulletins & Directives: DJJ Standard of Conduct; Detention Services Directive #07/07 Exposure Control Plan</p>	
<p>Keywords: voluntary, respirator, infectious, disease, diseases, communicable diseases, TB, tuberculosis, detention, DYFJ, OSHA, PPD, secure detention, non-secure detention, NSD</p>	<p>Related Policies: Policy and Procedure #17.1: Continuity of Care, dated 4/1/03.</p>	<p>Supersedes: N/A</p>	
<p>Related Forms (Attached):</p> <ul style="list-style-type: none"> A. United States Department of Labor (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard B. Department of Health and Mental Hygiene Tuberculosis Control Chest Centers C. New York State Department of Labor Log of Work-Related Injuries and Illnesses (Form SH-900) D. New York State Department of Labor Summary of Work-Related Injuries and Illnesses (Form 900.1) E. State of New York Department of Labor Injury and Illness Incident Report (Form SH-900.2) 			

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SUMMARY:

Detention Services within the Administration for Children's Services (ACS) Division of Youth and Family Justice (DYFJ) is committed to providing employees and youth in detention with a safe and healthy environment. This commitment includes the initial and ongoing screening of employees and youth who may be exposed to tuberculosis, as well as the provision of disposable particulate filtering facepiece respirators for voluntary use by employees transporting or interacting with youth in detention.

SCOPE:

This procedure applies to all DYFJ Detention Services employees who directly interact with and/or transport youth in ACS directly operated juvenile detention facilities.

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A. United States Department of Labor (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

B. Department of Health and Mental Hygiene Tuberculosis Control Chest Centers

C. New York State Department of Labor Log of Work-Related Injuries and Illnesses (Form SH-900)

D. New York State Department of Labor Summary of Work-Related Injuries and Illnesses (Form 900.1)

E. State of New York Department of Labor Injury and Illness Incident Report (Form SH-900.2)

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I. Introduction

- A. The Administration for Children's Services (ACS) is committed to providing employees and youth with a safe and healthy environment. This commitment includes medical screening for tuberculosis (TB), testing of youth and employees for symptoms of TB, the use of administrative and engineering controls, training, and the provision of disposable particulate filtering facepiece respirators for voluntary use by ACS employees in ACS directly operated juvenile detention facilities.¹
- B. Based on criteria in the Centers for Disease Control and Prevention's (CDC) TB Guidelines, ACS' detention facilities present a minimal risk for TB exposure.² Nonetheless, TB is a potential occupational safety and health hazard for ACS employees in the Division of Youth and Family Justice (DYFJ). The purpose of this policy is to document protocols for the protection of DYFJ Detention Services employees transporting or interacting with youth in detention who are new to a facility or who exhibit symptoms suggestive of TB.

II. Definitions

- A. Particulate Filtering Facepiece (Dust Mask) Respirator - A negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.
- B. Occupational Exposure Incident - Occurs when an employee inhales airborne pathogens via oral or nasal passages during the employee's interaction with a person with active TB. TB transmission may occur after exposure to a person with active TB where there has been inhalation of respiratory droplets through a productive cough or sneeze.
- C. Purified Protein Derivative (PPD) Skin Test (aka Mantoux Test) - A medical test used to determine if someone has developed an immune response to the bacterium that causes TB. This response can occur if someone currently has TB, if he or she was exposed to it in the past, or if he or she received the Bacille Calmette-Guérin (BCG) vaccine against TB (which is not administered in the United States).
- D. Tuberculosis (TB) - A potentially deadly infectious disease caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidneys, spine, and brain.

¹ ACS directly operates a number of detention facilities and oversees other detention facilities operated by contracted agencies. This procedure applies only to staff who work at detention facilities that are directly operated by ACS.

² See Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC, July 7, 2006, p.6.

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- E. Latent TB Infection (LTBI) – The presence of the *M. tuberculosis* bacterium in a person, as indicated by a skin test or blood test, where the person is not sick and cannot spread TB bacteria to others.
- F. Tuberculin Conversion - Occurs when a patient who has previously had a negative tuberculin skin test develops a positive tuberculin skin test at a later date. This generally indicates the presence of LTBI and the potential risk for progression to active TB disease.

III. Exposure Control Plan

A. Procedures for Candidates for Employment and Current Employees

1. Pre-Employment Applicants:

- a. All candidates for employment shall have a TB screening prior to their employment start date.
- b. A candidate for employment who is medically diagnosed as having active TB shall not be given a start date until he or she is medically cleared.

2. Current Employees:

- a. Current employees who have regular contact with youth shall undergo annual re-examination, which shall include a PPD skin test, and a chest X-ray if the PPD skin test is positive [see 9 NYCRR § 180.8(i)(1)]. An employee may obtain annual re-examination, at no cost, via the medical provider located within either of the secure detention facilities. In the alternative, the employee may elect to have his or her private medical practitioner conduct the annual TB re-examination (and follow-up X-ray if the PPD skin test is positive).
 - b. Note: The New York City Department of Health and Mental Hygiene (DOHMH) offers TB screening, post-exposure medical care, and other TB-related services free of charge. See Attachment B for a listing of DOHMH's free TB clinics.
3. An employee who obtains annual re-examination via his or her private medical practitioner shall submit medical documentation establishing that his or her PPD skin test was negative or, if the PPD skin test was positive, that the employee does not have active TB. Medical documentation regarding PPD examination results shall be kept on file at the employee's facility. Documentation for Court Admissions and Movement (CAM) Unit employees shall be kept at the Unit's central office. PPD skin test results shall be submitted as follows:

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- a. ACS secure detention employees shall submit PPD skin test results to the facility health and safety liaisons; the health and safety liaisons are the directors of administration at ACS secure detention facilities.
 - b. Employees who work in ACS directly operated non-secure detention facilities shall submit PPD skin test results to the facility directors.
 - c. CAM Unit employees shall submit PPD skin test results to the CAM executive director.
- B. The health and safety liaisons, the NSD facility director, and the CAM executive director shall exercise utilization review authority over all test records, shall be responsible for maintaining the records and shall be responsible for reporting any work-related injuries, illnesses, and occupational exposure incidents in compliance with Public Employee Safety and Health (PESH) regulations (see Attachments C, D, and E for applicable forms). These forms shall be submitted to the ACS Office of Occupational Safety and Health where staff shall also conduct trend analyses.
- C. Any employee with symptoms and/or complaints suggestive of TB [e.g., productive cough for three (3) weeks, chest pain, coughing up blood, weight loss, fever, night sweats or chills] shall be sent home immediately. The staff member may return to work only after TB has been ruled out, all required medical documentation (e.g., a doctor's note) certifying that the employee has been cleared to return to work has been provided to the ACS Office of Personnel Services, and notification has been provided to the health and safety liaisons by the ACS Office of Personnel Services. Facility staff shall cooperate with any guidance or contact investigation conducted by the DOHMH Bureau of Tuberculosis Control.
- D. Occupational Exposure Incident
1. If an exposure incident occurs, the employee shall immediately notify his or her immediate supervisor.
 2. The supervisor shall give the employee a Worker's Compensation package. When completed, the Worker's Compensation package shall be forwarded to the ACS Office of Personnel Services.
 3. As soon as feasible, the supervisor shall contact the program area's executive director, the executive director of detention programs, the Movement Control and Communication Unit (MCCU), the health and safety liaisons, and the ACS Office of Occupational Safety and Health.
 4. The supervisor shall refer the employee to the employee's private physician for an immediate PPD test. A second PPD test should be conducted in approximately 12

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weeks to determine if any conversion has occurred. The results of the second PPD test shall be submitted as described above in Section III (A).

- a. Note: If the employee, upon employment, already had a positive PPD test, the employee should be referred to his or her private physician for follow up.
5. The employee should be monitored periodically by his or her private physician between the time of the exposure incident and the second PPD test for symptomology, or as directed by the physician. If the employee experiences any symptomology, he or she shall report it immediately to his or her physician.
6. If the employee is informed by his or her physician that there has been a TB conversion, the employee shall immediately notify his or her supervisor, who will then notify the health and safety liaisons, the ACS Office of Occupational Safety and Health, the ACS Office of Personnel Services, and the Office of Labor Relations.
7. In the event of an occupational exposure incident, the ACS Office of Occupational Safety and Health, in consultation with the medical provider at the facility where the incident occurred, shall contact the DOHMH Bureau of Tuberculosis Control for guidance concerning employee notification and any contact investigation determined to be warranted. Appropriate notifications shall be given to the ACS Office of Labor Relations (OLR), labor union representatives, and agency personnel.

E. Procedures for Minimizing Employee Exposure to Youth with TB

1. Upon admission to detention, medical staff will screen all youth for symptoms suggestive of TB.
2. Within 24 hours of admission, all new youth shall be provided a Mantoux tuberculosis skin test (also known as the PPD test for purified protein derivative). Youth who have a positive PPD skin test shall be scheduled for a chest x-ray.
3. If a youth refuses to submit to a PPD skin test and is not symptomatic for active TB, medical staff shall educate the youth regarding the importance of routine screening. If the youth continues to refuse to submit to a PPD skin test, the youth can be offered a blood test as an alternative. The youth shall remain in the Medical Unit in isolation from the general population to protect the general youth population and staff until a medical determination is made that the youth is asymptomatic.
4. Any youth, currently in custody or newly admitted, who is suspected to have active TB will immediately be transported to the hospital under the direction of the medical services provider staff. Medical staff shall call the hospital to alert them that a youth

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suspected of having active TB is en route to the hospital. The youth will not be returned to any DYFJ facility until medically cleared and discharged by the hospital.

5. If a youth with latent TB infection (LTBI) is being released to the community before completing preventive therapy, the releasing facility's health care staff shall notify the youth's parent/guardian as to the need for further follow-up or continued adherence to the prescribed regimen.

IV. Respirators

A. Respirator Selection

DYFJ and the ACS Office of Occupational Safety and Health have selected disposable N95 particulate filtering facepiece respirators for voluntary use by Detention Services employees.

B. Respirator Usage

1. Disposable N95 particulate filtering facepiece respirators will be supplied by ACS for ACS employees in detention facilities and will be available for voluntary use by detention employees who process, care for, and/or transport youth.
 - a. Disposable N95 particulate filtering facepiece respirators purchased for detention employees shall be selected from those approved by the CDC/National Institute for Occupational Safety and Health (NIOSH).
 - b. The ACS Office of Occupational Safety and Health shall review agency purchase requests for respirators to verify that they conform to CDC/NIOSH guidelines.
 - c. Detention employees shall store masks in a dry environment away from direct sunlight, and the masks shall only be stored for their shelf-life of three (3) years or less.
2. Detention Services shall provide all detention employees voluntarily choosing to use a respirator with a copy of Attachment A, Information for Employees Using Respirators When Not Required Under the Standard [29 CFR 1910.134]. It shall also be posted in all detention facilities.
3. Detention Services shall provide all employees voluntarily choosing to use a respirator with the instructions provided by the manufacturer on use and disposal, as well as warnings regarding the respirator's limitations.

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4. Employees may also supply and use their own CDC/NIOSH-approved disposable particulate filtering facepiece respirators. Employees choosing to purchase and use their own respirators shall be responsible for storage and shelf-life review of the respirators.

V. Training

- A. The ACS Office of Occupational Safety and Health will work with the ACS James Satterwhite Academy (JSA) with respect to updating the training curriculum for TB prevention, including training on this policy and procedure, consistent with current CDC and OSHA standards.
- B. The JSA shall provide training to staff on agency TB prevention curriculum as part of pre-service and in-service training.
- C. The JSA, in conjunction with Detention Services, is responsible for the scheduling of training, which shall be conducted in accordance with CDC TB guidelines.
- D. Directors of administration at ACS detention facilities who serve as health and safety liaisons to the ACS Office of Occupational Safety and Health shall receive specialized training as trainers from JSA or contracted trainers. The health and safety liaisons shall also receive PESH record-keeping training from the ACS Office of Occupational Safety and Health.

VI. Responsibilities

A. ACS Office of Occupational Safety and Health

1. The ACS Office of Occupational Safety and Health shall verify that this procedure and the related training curriculum is consistent with all regulatory requirements.
2. The ACS Office of Occupational Safety and Health shall collect data and corresponding reports from the directors of administration at ACS detention facilities. These individuals shall serve as health and safety liaisons to the ACS Office of Occupational Safety and Health.

B. Detention Services Staff

1. Employees may elect to supply and use their own disposable N95 particulate filtering facepiece respirators that meet CDC/NIOSH standards.
2. Employees may also elect to voluntarily use the disposable particulate filtering facepiece respirators provided by Detention Services.

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3. Employees electing to use the provided respirators shall read Attachment A, Information for Employees Using Respirators When Not Required Under the Standard [29 CFR 1910.134], prior to voluntarily using a respirator.
4. Any employee electing to use either the provided respirator or his or her own respirator must inform his or her supervisor and contact the ACS Office of Occupational Safety and Health if he or she experiences any adverse medical conditions while wearing a respirator.

C. Management

1. In secure detention, the directors of administration shall administer and monitor compliance with CDC TB guidelines.
2. In NSDs directly operated by ACS, the executive director of NSD shall administer and monitor compliance with CDC TB guidelines.
3. Executive directors, facility directors, health and safety liaisons, and management designees shall confirm that each facility has an adequate supply of respirators at all times.
4. Executive directors, health and safety liaisons, and management designees shall make a copy of this policy available to all employees upon request. A copy shall be placed in areas to provide ready access by employees as deemed necessary by facility management.
5. The facility health and safety liaisons and the ACS Office of Occupational Safety and Health shall be responsible for administering and monitoring compliance with this procedure. The liaisons shall exercise utilization review authority and are responsible for maintaining records regarding work-related injuries and illnesses, reporting occupational exposure incidents, and conducting trend analyses in compliance with PESH regulations (see Attachments C, D, and E for applicable forms).
6. The health and safety liaisons, in consultation with the ACS Office of Occupational Safety and Health, shall answer questions from staff related to this procedure, as needed.
7. An electronic copy of this document shall be placed on Real Time GOALS.