

ANNE ARUNDEL COUNTY DEPARTMENT OF DETENTION FACILITIES ADMINISTRATIVE DIRECTIVE	AD NO: 10.05 DATE: August 15, 2024 SUBJECT: Health Care Services TITLE: Tuberculosis FOR PUBLIC RELEASE: No
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- I. Reference: CDC Recommendations for Correctional and Detention Settings Testing, Vaccination, and Treatment for HIV, Viral Hepatitis, TB, and STIs Recommendations current as of August 10, 2022; Occupational Safety and Health Agency Directive CPL2.106, 1996; Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 December CDC/MMWR Vol. 54(RR-17), December 20, 2005; Prevention and Control of TB in Correctional Facilities, CDC/MMWR, Vol. 45, (RR-8), 1996; Guidelines for the Investigation of Contacts of Persons with Infectious TB, CDC/MMWR Vol 54 (RR-15), December 15, 2005; COMAR 10.06.01.20; Department of Health and Mental Hygiene Tuberculosis Fact Sheet; Annotated Code of Maryland, Health-General §18-324 and 325
- II. Applicable To: Anne Arundel County Department of Detention Facilities (AACDDF)
- III. Purpose: To establish guidelines for the prevention and control of Tuberculosis (TB) in the correctional setting.
- IV. Policy: The AACDDF shall develop and implement a tuberculosis policy that includes:
 - A. Medical evaluation and care shall be arranged for each inmate suspected of having TB. Any inmate known to have, or suspected of having, TB shall be referred to the Medical Department immediately for assessment. An inmate shall be screened for symptoms of TB by a Qualified Health Care Professional (QHCP) at the time of the Intake Screening.
 - B. Each inmate shall receive a Tuberculin Skin Test (TST) at the physical examination, unless earlier testing is clinically indicated. If the inmate reports a previous positive TST (formerly PPD) but no documentation can be obtained, another TST will be placed.
 - C. An inmate suspected of having contagious TB (having fever and cough at Intake Screening) and awaiting medical assessment or any inmate confirmed as having contagious TB shall be placed in a Negative Pressure Isolation room as directed by QHCP until s/he is no longer contagious. The Anne Arundel County Department of Health will be notified immediately. If the inmate must leave his/her isolation room, s/he will wear a mask until returning to the room.

- D. Officers and staff supervising or providing services to an inmate with contagious TB shall be required to wear protective NIOSH approved filter respirators, as directed by medical staff. The NIOSH approved filter respirators shall comply with OSHA requirements. All staff shall be required to be issued a NIOSH approved filter respirators that is reusable as long as it is not damaged. The employee shall maintain a record of the dates and times used to determine when the respirator should be replaced. In storing the respirator, each employee shall be issued a paper storage bag for this purpose which should be labeled with his/her name and the date of issuance.
- E. Employee Tuberculosis Test
 - 1. Each employee shall complete an Employee Tuberculosis Screening Questionnaire (Appendix 1) prior to the TST skin test.
 - 2. Each employee who has previously tested positive shall complete a Tuberculosis Test Refusal, and submit a physician's certificate to verify the test result and shall not be required to have the TST test. A Tuberculosis Symptom Checklist (Appendix 2) shall then be completed and signed by the employee annually.
 - 3. Each employee who tested positive but can not provide a physician's certificate shall be required to take a TST skin test.
- F. All employees working within the AACDDF shall be required to have a pre-employment TST, after an offer for employment has been made, and an annual TB test, thereafter. These tests shall be provided by the County and shall be at no cost to the employee. These tests may include the following:
 - 1. Tuberculin skin test (TST) formerly named Mantoux Skin Test/PPD Test
 - 2. X-Ray
 - 3. Sputum Test
- G. All TSTs shall be administered by the AACDDF's medical contractor with verification maintained in the employee's medical file by the MAII – Personnel.
- H. An employee who initially tested negative and then tests positive shall complete a First Report of Injury and shall immediately be referred for additional examination through an Authorization for Medical Treatment Form. This should be completed within five (5) work days.
- I. Employees suspected of, or diagnosed with, contagious TB shall be restricted from working until authorized by the treating physician and reported immediately to the Health Department.

- J. Pre-Service and biennial training of employees shall be provided on the hazards of TB transmission, its signs and symptoms, medical surveillance and therapy, the AACDDF protocols for the housing and care of contagious inmates and management of employees, to include skin tests and treatment for TB.

V. Definitions:

- A. Tuberculosis – a disease that is spread from person to person through the air. TB usually affects the lungs. The bacteria are put into the air when a person with TB of the lung coughs, sneezes, laughs or sings. TB can also affect other parts of the body, such as the brain, the kidney or the spine. Tuberculosis in other parts of the body is not contagious. Tuberculosis can also be spread by certain high hazard procedures. These are listed in Section V.B.2. of these, only sputum induction should be attempted in the correctional setting. Tuberculosis is a disease that can be cured if treated properly. (Tuberculosis Fact Sheet – Appendix 3).
- B. Exposure – this will include the following:
 - 1. Exposure to air coughed in by an individual with confirmed contagious TB.
 - 2. Exposure to a high hazard procedure performed on an individual with confirmed TB disease and which has the potential to generate potentially infectious airborne respiratory secretions. Examples of high hazard procedures include aerosolized medication treatment, bronchoscopy, sputum induction, endotracheal intubation and suctioning procedures and autopsies.
- C. Suspected TB – is one in which the facility has identified an individual as having symptoms consistent with TB or an abnormal chest X-ray consistent with TB. The Center for Disease Control has identified symptoms to be: productive cough (3 weeks), coughing up blood, weight loss, loss of appetite, lethargy/weakness, night sweats or fever.
- D. Acid-Fast Bacilli (AFB) Isolation Room – AFB isolation rooms are rooms that have negative pressure and are appropriately exhausted either to the outside, away from intake vents, people and animals, in accordance with federal, state and local regulations for environmental discharges, or through properly designed, installed and maintained HEPA filters.
- E. NIOSH approved Filter Respirators – High Efficiency Filter Respirators which are available through the AACDDF Medical Department. The Anne Arundel County Health Department staff recommends 3M 1870 NIOSH N 95 respirators.

VI. Procedures:

- A. Training and Education

1. Staff

- a. All departmental staff, to include private contractors, shall be required to attend TB training, as part of the Pre-Service and/or In-Service Training Program.
- b. The training shall be provided by the AACDDF's medical contractor and shall include the following:
 - (1) Hazard of TB Transmission
 - (2) TB's signs and symptoms
 - (3) Medical surveillance and therapy
 - (4) AACDDF protocols
 - (5) AACDDF policy
- c. In conjunction with the County Health Department staff, the AACDDF Medical Administrator shall arrange for regularly updated TB information for all staff.

2. Inmates – The AACDDF Medical Administrator, in conjunction with the County Health Department staff, shall provide the inmate population and inmates with infectious TB, with TB educational materials, as necessary and appropriate.

B. Inmate Housing, Supervision and Treatment

1. Inmates suspected of having contagious TB shall be placed immediately in negative pressure room as directed by the medical department staff, and have sputum collected in accordance with established protocol to be followed by written notification to the Shift Supervisor or Criminal Justice Program Supervisor (CJPS)-Classification. Upon placement, the CJPS-Classification or, in his/her absence, the Shift Supervisor shall explain the restrictions that will affect the inmate's activity. This notification shall be documented on an Incident Report and shall occur in accordance with section VI.C. of this directive.
2. Inmates placed in TB Isolation shall be assigned to Administrative Segregation and shall not be allowed out of the housing area for any reason until no longer considered contagious and then only with written authorization from the Medical Director or Medical Administrator. This

shall include recreational, self-help, religious and visiting activities. The only exception to this shall be:

- a. Medical care not possible in the isolation room.
 - b. Court appearances where the Assistant Correctional Facility Administrator (ACFA)-Programs or Correctional Facility Administrator (CFA) has contacted the Judge scheduled to hear the case and advised him/her of the inmate's condition. The Judge should be advised when the inmate's condition will be confirmed when suspected or when the inmate will no longer be contagious if confirmation has been received.
 - c. If ordered by the judge to appear, then the ACFA-Security or Superintendent shall advise the transporting agency of the inmate's status and ensure it is aware of protective measures necessary. Additionally, the inmate shall be fitted with a #1814 mask (a dust, mist, fume respirator without an unfiltered exhalation valve) by the AACDDF medical staff and directed to wear same while out of the housing area.
 - d. In the case of Bail Review, the inmate shall be fitted with a #1814 respirator. Escort Officers and staff involved in the Bail Review shall wear the NIOSH approved respirator. When escorting the inmate to the Bail Review room, all movement should be limited in all areas where the inmate will be shall be vacated until s/he is returned to his housing area.
3. Inmates shall receive medical treatment in accordance with the established protocols developed by the AACDDF medical contractor and/or county Health Department.
 4. All suspected and confirmed cases of TB shall be reported by phone within 24 hours to the County Health Department by the AACDDF medical contractor, as required by State law.

C. Use of NIOSH approved Filter Respirators

1. Each Officer assigned to supervise an inmate with suspected or infectious TB shall report to the Medical Post prior to assuming the Post and be issued a NIOSH approved filter respirator. The NIOSH approved filter respirator shall be kept close by so it can be put on immediately when needed. Each NIOSH approved filter respirator must be clearly labeled with the employee's name.

2. The Officer shall wear this NIOSH approved filter respirator whenever opening the Dorm door or entering the area for any reason. If, after exiting the Dorm or closing the door, the Officer chooses to remove the NIOSH approved filter respirator, this should be done carefully to maintain the fit and avoid damaging the filter.
3. Any staff member entering the housing area shall be required to follow steps C.1. and 2. prior to entering the housing unit.
4. Medical staff providing treatment for the inmate shall be required to follow steps C.1. and 2. To the degree possible, all medical treatment shall be provided to the inmate in his/her housing area.
5. Officers and other staff shall wear a NIOSH approved filter respirator when escorting an inmate with contagious TB to or from the Negative Pressure Isolation Room.
6. When the respirator has been damaged, the employee shall turn it in to the medical staff for disposal.
7. Filter respirators worn by inmates during escort or transport may be thrown in the trash after use.

D. Staff Testing and Treatment


1. All new employees shall be required to undergo TST testing as part of their pre-employment physical and be considered non-contagious prior to beginning employment.
2. Any new employee who has not had a prior test history shall be required to have the TST test twice with approximately seven (7) days in between each test as recommended by the Center for Disease Control.
3. All employees, except those known to have positive skin tests, shall be required to undergo an annual TST test provided by the County in January of each year. This shall be provided by the AACDDF Medical Contractor and include a Mantoux Tuberculin Skin Test to be followed by an X-Ray and/or sputum test through a medical facility listed on the Authorization for Medical Treatment Form, as clinically necessary. All test results shall be forwarded to the MAII-Personnel to maintain in the employees' medical files.
 - a. Employees shall complete the Employee Tuberculosis Screening Questionnaire (Appendix 1) at the time of the skin test.

- b. Employees who have previously tested positive and who are not taking the skin test shall complete the Employee Tuberculosis Screening Questionnaire (Appendix 1) in an interview with the QHCP administering the skin tests.

E. Post Exposure

1. Any employee involved in an exposure, as confirmed by the Medical Department, shall complete a First Report of Injury and shall be tested as soon as possible and if negative, the TST will be repeated in 8–10 weeks. If the employee has a positive TST at the initial testing, additional medical evaluation will be carried out including a chest X-ray.
2. Any employee suspected of active, contagious TB shall be prohibited from working and placed on Disability Leave. This status shall only be authorized when the Superintendent receives written notification from the County Health Officer.
3. An employee placed on Disability Leave shall remain on this status until such time as s/he produces a certificate from the County Health Officer and that s/he is receiving treatment and is no longer considered contagious. Such treatment may be received from County Health Department at no cost to the employee.
4. Employees exhausting Disability Leave may request advanced leave in accordance with § 6-1-303 of the Anne Arundel County Code.

This directive shall be reviewed at least annually and revised as necessary.


Christopher Klein
Superintendent

Rescinds: AD 10.05 dated September 13, 1999
AD 10.05 dated April 19, 2006
AD 10.05 dated July 1, 2023

Appendix 1 - Tuberculosis Test Authorization
Appendix 2 - Tuberculosis Symptom Check List
Appendix 3 - Tuberculosis Fact Sheet

