TTUHSC El Paso Health Surveillance Program

Volunteers

I. Tuberculosis Surveillance

Tuberculosis surveillance for Covered Individuals is based on current U. S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) Recommendations and Reports (December 30, 2005, 54 (#RR-17):1-147), Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings. Details of implementation are included in the Tuberculosis Control Program, Ambulatory Clinic Policy and Procedure EP 7.7.

A. New Volunteer Orientation

1. Any volunteer at TTUHSC El Paso with direct patient care is required to have documentation of a TST (tuberculin skin test) having been performed within the last 12 months, regardless of a history of BCG vaccine.

2. Any volunteer with direct patient care who has never received a TST (tuberculin skin test), tested negative prior to the last twelve month “window” must undergo (2-step) testing.

3. Any volunteer with direct patient care with documentation of a positive TB skin test shall provide a report from a physician indicating that a Chest X-Ray taken within the previous 12 months was negative for TB or must have Chest X-Ray performed and read before starting any patient related activities. An annual TB questionnaire must also be completed.

B. Cost Responsibilities

1. Costs for baseline, annual TB skin tests, and Chest X-Ray will be borne by the OH Department.

2. Any volunteer with a positive TB skin test shall be referred to the City of El Paso Department of Public Health for an evaluation. All follow up and treatment documentation will be maintained by the local health department.

C. Record Maintenance

Records shall be received, validated, and maintained by the OH Department.

II. Immunizations

Immunization requirements are based on regulations, guidelines and recommendations available as of November, 2013 from the Texas Administrative Code (TAC), Texas Department of State Health Services (DSHS), the U.S. Centers for Disease Control and Prevention (CDC), and the U.S. Advisory Committee for Immunization Practices (ACIP). See attached CDC Healthcare Worker Vaccination Recommendations (2013).
A. **Volunteer Orientation**

All volunteers with direct patient contact are required to provide documentation of immunizations, based on the recommendations listed above prior to beginning their volunteer services. If a volunteer declines to receive the recommended immunizations, a signed declination must be on file or submitted to the OH Department.

B. **Cost Responsibility**

Immunization cost will be borne by the OH Department; titer cost will be borne by the clinical department.

C. **Record Maintenance**

All records concerning immunizations will be maintained by the OH Department.

**III. Exposure Management**

Institutional management of exposure to: (1) blood-borne pathogens, (2) body fluids and, (3) other miscellaneous exposures is based on regulations, guidelines and recommendations available as of June, 2012 from the Texas Administrative Code (TAC), Texas Department of State Health Services (DSHS), the U.S. Centers for Disease Control and Prevention (CDC).

A. **Post-Exposure Management**

Volunteers who have a known or suspected exposure to an infectious disease during the performance of a volunteer responsibility shall report that incident promptly to their immediate supervisor, fill out a “Non-Employee Injury/Incident Report”, and seek immediate evaluation/care. Volunteer is responsible to report and coordinate all follow-up with the OH Department.

B. **Cost Responsibility**

Cost of exposure investigation and appropriate management (if indicated) including, medication administration, vaccination, blood work, and counseling shall be provided to volunteers based on orders and recommendations from the OH Department or treating Physician, and paid through the volunteer service program.

C. **Record Maintenance**

All records concerning exposure management will be maintained by the OH Department.