

Tuberculosis Clearance Requirement

Education Code 87408.6 and Governing Board regulations require community college district employees to obtain a tuberculosis (TB) risk assessment and Certificate of Completion. The clearance or Certificate of Completion (TCB-01) must be submitted to the District Human Resources office within 15 days from the start of employment and every four years thereafter.

TB skin test result, Interferon Gamma Release Assay (IGRA)* result, or TB risk assessment along with a Certificate of Completion will be accepted from other organizations if completed within 60 days before the date of hire.

TB skin test result, Interferon Gamma Release Assay (IGRA)* result, or TB risk assessment along with a Certificate of Completion will be accepted from other community college districts, private or parochial elementary schools, secondary schools or nursery schools if tested within the last 4 years.

Each campus offers TB risk assessment and TB skin testing, if needed, and Certificates of Completion for employees. Please contact the appropriate campus health center for testing days/hours:

American River College	(916) 484-8383
Cosumnes River College	(916) 691-7584
Folsom Lake College	(916) 608-6782
Sacramento City College	(916) 558-2367

If there is a documented history of a positive TB test, positive IGRA, or previous active TB disease, then a chest x-ray or a health care provider signed Certificate of Completion must be done within 60 days from initial hire and every four years thereafter. In this instance the Certificate of Completion must be completed by a physician, nurse practitioner or physician's assistant.

Chest x-rays and exams for Certificate of Completion can be done through your own physician or at a District-designated health center. It is the responsibility of the employee to send the chest x-ray report, if applicable, and Certificate of Completion to the District Human Resources Office. Please call Human Resources at 916-568-3112 for a list of the District-designated health centers or questions regarding the TB Certificate of Completion requirement.

Los Rios will reimburse employees (other than newly-hired) up to a maximum of \$20.00 for the TB risk assessment, TB testing or chest x-ray after a receipt is submitted to Human Resources. Please call Human Resources at 916-568-3101 for more information regarding reimbursement.

**Two IGRAs are approved by the U.S. Food and Drug Administration (FDA) and are available in the United States: 1) QuantiFERON®-TB Gold In-Tube test (QFT-GIT) and 2) T-SPOT®.TB test (T-Spot).*



School Staff & Volunteers: Tuberculosis Risk Assessment

Job-related requirement for child care, pre-K, K-12, and community colleges



The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading TB. Use of this risk assessment is required in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055 and 121525, 121545, and 121555.

The law requires that a health care provider administer this risk assessment. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. Any person administering this risk assessment is to have training in the purpose and significance of the risk assessment and Certificate of Completion.

Name of Employee/Volunteer Assessed for TB Risk Factors: _____

Assessment Date: _____ Date of Birth: _____ ID#: _____

History of Tuberculosis Infection or Disease (Check appropriate box below)	
<input type="checkbox"/>	<p>Yes</p> <p>If there is a <u>documented</u> history of positive TB test (infection) or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.</p>
<input type="checkbox"/>	<p>No (Assess for Risk Factors for Tuberculosis using box below)</p>

Risk Factors for Tuberculosis (Check appropriate boxes below)	
<p>If any of the 5 boxes below are checked, perform a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). Re-testing with TST or IGRA should only be done in persons who previously tested negative, and have <u>new risk factors</u> since the last assessment. A positive TST or IGRA should be followed by a chest x-ray, and if normal, treatment for TB infection considered. (Centers for Disease Control and Prevention [CDC]. <i>Latent Tuberculosis Infection: A Guide for Primary Health Care Providers</i>. 2013)</p>	
<input type="checkbox"/>	<p>One or more signs and symptoms of TB: prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.</p> <p>Evaluate for active TB disease with a TST or IGRA, chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.</p>
<input type="checkbox"/>	<p>Close contact to someone with infectious TB disease at any time</p>
<input type="checkbox"/>	<p>Foreign-born person from a country with an elevated TB rate</p> <p>Includes any country <u>other than</u> the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. IGRA is preferred over TST for foreign-born persons</p>
<input type="checkbox"/>	<p>Consecutive travel or residence of ≥ 1 month in a country with an elevated TB rate</p> <p>Includes any country <u>other than</u> the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.</p>
<input type="checkbox"/>	<p>Volunteered, worked or lived in a correctional or homeless facility</p>

I declare that I have completed this assessment, to the best of my knowledge and belief, it is true, and correct.

Signature: _____

Health Care Provider completing the risk assessment

Signature: _____





School Staff & Volunteers: Tuberculosis Risk Assessment User Guide



Job-related requirement for child care, pre-K, K-12, and community colleges

Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, **AB 1667**, effective on January 1, 2015, **SB 792** on September 1, 2016, and **SB 1038** on January 1, 2017, require a tuberculosis (TB) risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the TB risk assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

SB 1038 impacts the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

TB infection treatment is recommended

Shorter regimens for treating LTBI have been shown to be as effective as 9 months of isoniazid, and are more likely to be completed. Shorter regimens are preferred in most situations. Drug-drug interactions and contact to drug resistant TB are frequent reasons these regimens cannot be used.

Please consult with your local public health department on any other recommendations and mandates that should also be considered.



Employee ID or SSN: _____ Employee Phone: _____

Certificate of Completion Tuberculosis Risk Assessment and/or Examination

*To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.*

First and Last Name of the person assessed and/or examined:

Date of assessment and/or examination: _____mo./_____day/_____yr.

Date of Birth: _____mo./_____day/_____yr.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

X _____
Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):

Telephone and FAX:

Send the completed Certificate of Completion form to:
Los Rios Community College
Human Resources Office
1919 Spanos Court
Sacramento, CA 95825
916-568-3112