



## EMPLOYEE TUBERCULOSIS POLICY

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<b>EFFECTIVE DATE:</b>	July 24, 2025 (Revised)
<b>RESPONSIBLE ADMINISTRATOR:</b>	Associate Dean of Clinical Affairs and Outreach
<b>APPLICABILITY:</b>	HCOP Faculty and Staff

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### I. PURPOSE

According to the [United States Center for Disease Control and Prevention \(CDC\)](#)<sup>1</sup> and the [Alabama Department of Public Health](#)<sup>2</sup>, tuberculosis (TB) screening programs for healthcare personnel are vital components of TB infection control. Therefore, this policy outlines how HCOP will align with public health guidance by educating and monitoring HCOP faculty and staff whose job responsibilities include providing clinical care, working in healthcare environments, or interacting with patients through outreach and/or research.

### II. POLICY

- It is HCOP's policy to prevent the spread of mycobacterium tuberculosis (*M. tuberculosis* or TB) by enforcing an "HCOP TB Screening Program" for all HCOP employees who are at increased risk of TB infection. This includes HCOP faculty and staff who interact with patients and /or work (or volunteer) in healthcare settings, including, but not limited to:
  - Hospital / Inpatient Settings
  - Outpatient Clinics
  - Community Pharmacies
  - Long-term Care Facilities
  - Other Community-Based Care Environments (Free Clinics, Homeless Shelters, Health Fairs )
  - Other Healthcare Environments
- The [CDC](#) recommends that U.S. healthcare personnel be screened for tuberculosis **ON HIRE** (preplacement). This baseline screening should include:
  - A Healthcare Personnel (HCP) Baseline Individual TB Risk Assessment (See **APPENDIX A**)
  - A TB symptom evaluation (See **APPENDIX A**)
  - A TB test ([TB skin test](#) or [TB blood test](#))
- Thereafter, **ALL** healthcare personnel should:
  - Receive **ANNUAL** education on TB (at a minimum this should include a review of TB risk factors and the signs and symptoms of TB infection)
  - NOTE: Routine serial TB testing (annually) after baseline is **NOT** routinely recommended
- However, healthcare providers **SHOULD** be tested if:
  - If there is a known exposure (without appropriate use of personal protective equipment or PPE)

- A known delay in TB patient placement in airborne isolation
- There is ongoing transmission at a healthcare facility
- They visit (for one month or greater) a country with an increased risk of TB disease (most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe, Russia)
- Annual screening and testing may be required for healthcare providers who are at an increased risk of occupational exposure because they work in very high risk environments or provide care for high risk groups. This includes, but is not limited to healthcare providers who:
  - Routinely evaluate and treat pulmonary disorders (pulmonologists, respiratory therapists, emergency room personnel)
  - Practice in settings where patients with potential or confirmed TB cases are examined and / or treated.
  - Work in institutional settings (prisons, mental health institutions)

### III. PROCEDURES

#### THE HCOP TB SCREENING PROGRAM

##### **A. BASELINE PROCEDURES AT TIME OF HIRE:**

- At the time of hire, for employees who are not healthcare providers, the level of risk of exposure, and hence the applicability of this policy, will be determined by the Chair of the HCOP Clinical Services Advisory Committee (CSAC) (in consultation with the employee's supervisor and the Associate Dean of Clinical Affairs and Outreach). This will be re-assessed if and when changes in the employee's job duties or occupational exposure risk occur. It is the employee's supervisor's responsibility to notify the Chair of CSAC and the ADCAO when changes are made in an employee's responsibilities.

##### Responsible Parties:

- HCOP Human Resources Liaison
- Chair, HCOP CSAC (in consultation with the employee's supervisor)
- Associate Dean of Clinical Affairs and Outreach
- All HCOP employees who are healthcare providers, who work in a healthcare environment, or interact with patients for outreach or research, must complete:
  1. A baseline "Individual TB Risk Assessment" (See **APPENDIX A**)
  2. A "TB Symptom Evaluation" (See **APPENDIX A**)
  3. A TB test (blood or skin test)
  4. Any additional evaluation for TB disease as needed

##### Responsible Parties:

- HCOP Human Resources Liaison
- Chair, HCOP Clinical Services Advisory Committee (CSAC) in consultation with the employee's supervisor
- Employee's Supervisor
- All TB Compliance Documents must be submitted to and stored by the Auburn University Pharmaceutical Care Center (AUPCC) (2155 Walker Building, Auburn University Main Campus | [aupcc4u@auburn.edu](mailto:aupcc4u@auburn.edu) | P: (334) 844-4099 | FAX: (334) 844-4019).

- a. These documents will be filed in the AUPCC's secure electronic medical record (EMR) to safeguard the employee's personal protected health information (PHI).
- b. The employee's supervisor can contact the AUPCC to obtain confirmation that the employee has completed a TB risk assessment, symptom checklist, and TB testing (as indicated) when reviewing occupational health and safety compliance each year.

#### **B. ANNUAL REQUIREMENTS:**

- After baseline, initial hire procedures are completed, all HCOP healthcare providers or other at-risk employees must **ANNUALLY**:
  - a. Complete a TB Education Training Module
    - i. The employee should consult their direct supervisor concerning how to access, complete, and document completion of this mandatory module.
  - b. Employees who have previously tested positive for untreated latent TB must undergo an annual TB Symptom Screen per CDC guidelines
  - c. If an HCOP employee's practice site requires yearly testing due to site policy or the employee's increased exposure risk, it is the employee's responsibility to ensure **ALL** practice site requirements are met at baseline and annually thereafter before providing clinical care within that site.
 

Responsible Party:  
Employee  
Employee's Supervisor (Confirmation of practice site compliance)
  - d. Failure to comply with any aspect of this policy will result in progressive discipline.

Responsible Party:

- Employee's Supervisor

#### **C. CLINICAL HEALTH SERVICES:**

- **ALL** employees of AU HCOP's Clinical Health Services (CHS) must comply with this policy.
- CHS employees can obtain their TB skin test at the State Wellness Center (SWC) or the AUPCC (TB skin tests will be purchased by CHS for use for CHS- Montgomery-based employees).  
Responsible party:  
Executive Director of Clinical Health Services
- **NOTE:** Only TB skin tests that are administered/ placed by a CHS healthcare provider will be read within CHS clinics.

#### **D. DEPARTMENT OF PHARMACY PRACTICE:**

- **ALL** healthcare providers within the Department of Pharmacy practice will be required to comply with this policy.  
Responsible party:

## Department Head of Pharmacy Practice

- TB skin tests will be provided at no cost to the employee through the Auburn University Pharmaceutical Care Center (AUPCC).
  - The TB skin test must be administered/ placed and read by the AUPCC clinical staff.
  - Faculty and staff are not allowed to read or interpret their own TB skin test results and report these to the AUPCC (per verbal order or photograph).
  - The reading/ evaluation must be conducted within the clinic by a CHS healthcare provider.
- Pharmacy practice faculty and staff assigned to other regions can independently obtain TB skin testing at an outside facility with prior approval from the Department Head of Pharmacy Practice.
  - Employees should utilize their practice site's resources (such as occupational health) for TB testing when available per practice site protocol.
  - If access is not available at the practice site, clinical faculty and staff may obtain TB testing at an outside facility with prior approval from the Department Head of Pharmacy Practice.
  - Any results obtained outside of the AUPCC should be submitted to the AUPCC (2155 Walker Building | [aupcc4u@auburn.edu](mailto:aupcc4u@auburn.edu) | FAX: (334) 844-4019)
  - These documents will be stored in the clinic's secure electronic medical record (EMR) to safeguard the employee's protected health information (PHI).
  - The employee's supervisor can contact the AUPCC to obtain confirmation that the employee has met all TB compliance requirements.
  - TB testing costs incurred at outside facilities will be covered by the Department of Pharmacy Practice when outside testing is pre-approved by the Department Head of Pharmacy Practice.

### Responsible party:

Department Head of Pharmacy Practice

## **E. OTHER DEPARTMENTS**

- Enforcement of these policy and procedures must be monitored by the Department Head (such as PP, HORP and DDD) or the employee's direct supervisor to ensure compliance.
- Clinical results should be stored within the AUPCC's secure EMR and documentation of completed testing will be given to the individual employees to use for reporting to their supervisor.

## **IV. POLICY MANAGEMENT**

This policy will be reviewed by HCOP's Clinical Services Advisory Committee (CSAC) and the Associate Dean of Clinical Affairs and Outreach (ADCAO) at a minimum of every three (3) years, or more

frequently if there is a substantive change to clinical guidelines / best practices; AU Risk Management policies, procedures, or processes; or HCOP policies, procedures, or processes that necessitate earlier review and revision.

## V. DEFINITIONS

**Tuberculosis (TB):** TB is an infectious disease caused by the bacteria *Mycobacterium tuberculosis* that is spread through the air when an infected person coughs, sneezes, laughs, or spits. Symptoms may include a persistent cough, fever, weight loss, and malaise.

**Auburn University Pharmaceutical Care Center (AUPCC):** A free-standing pharmaceutical care clinic that is located on Auburn University's main campus at 2155 Walker Building. For more information, visit [AUPCC's website](#). Phone: (334) 844-4099 | FAX: (334) 844-4019 | [aupcc4u@auburn.edu](mailto:aupcc4u@auburn.edu)

**Clinical Services Advisory Committee (CSAC):** A standing HCOP committee composed of faculty, staff, and students who provide guidance for HCOP's clinical initiatives, oversight of clinical and regulatory compliance, input on HCOP's clinical outreach, and recommendations for pharmacy advancement and transformation.

## VI. EXCLUSIONS

This policy does not apply to HCOP employees who have minimum or no risk of occupational TB exposure.

## VII. EFFECTIVE

- Original October 4, 2019
- Revised November 8, 2023
- Revised July 24, 2025

## VIII. SANCTIONS

Failure to comply with this policy will result in progressive discipline.

## IX. INTERPRETATION

- Department Chair / Supervisor
- Chair, Clinical Services Advisory Committee
- Associate Dean of Clinical Affairs and Outreach

## X. REFERENCES / RESOURCES

1. CDC- TB Prevention in Health Care Settings. United States Center for Disease Control and Prevention (CDC). December 15, 2023. Accessed July 24, 2025. [Clinical Testing Guidance for Tuberculosis: Health Care Personnel | TB Prevention in Health Care Settings | CDC](#)
2. ADPH- Tuberculosis. Alabama Department of Public Health (ADPH). August 23, 2024. Accessed July 24, 2025. [TB Testing | Alabama Department of Public Health \(ADPH\)](#)

## APPENDIX A

### HCOP INDIVIDUAL TB RISK ASSESSMENT AND SYMPTOM EVALUATION

HCOP Employee Name:	
Division or Department:	
Supervisor:	
Date Completed:	

**Healthcare personnel should be considered at increased risk for TB if any of the following statements are marked "YES":**

Please select the appropriate response to the following statements:	YES	NO
Temporary or permanent residence of $\geq 1$ month in a country with high TB rate (any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe).		
Current or planned immunosuppression, including HIV infection, organ transplant, treatment with TNF-alpha antagonist, chronic steroids (equivalent of prednisone $\geq 15$ mg/day for $\geq 1$ month) or other immunosuppressive medication.		
Close contact with someone who has had infectious TB disease since the last TB test		

**Healthcare personnel who mark "YES" to one or more of the following symptoms may require further evaluation of risk factors and TB testing.**

Please indicate "YES" if you are experiencing the symptom listed:	YES	NO
Bad cough lasting three (3) weeks or longer		
Coughing up blood or sputum (phlegm) from deep inside the lungs		
Chest pain		
Weakness or fatigue		
Unexplained weight loss		
No appetite		
Chills		
Fever		
Night sweats		

**Assessment Completed By: \_\_\_\_\_ Date: \_\_\_\_\_**