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Volunteer Requirement Update for the 2018/2019 School Year

In 2015 a new law was passed that impacted our current and future volunteers. The new law states that schools **must have** a Tuberculosis clearance on file for volunteers that have contact with students **AND the TB Clearance must be updated every 4 years, at minimum**. This new requirement was put into place for the health and safety of our students, and we appreciate your understanding as we strive to be in compliance.

Starting July 1, 2018, AAE and NSLA Volunteers will be temporarily removed from the Volunteer Lists if we do not have a TB Clearance dated on or after July 1, 2015. We will reinstate the volunteer after we receive an updated clearance. All other requirements for new volunteers remain in effect.

Please follow the steps listed below in order to obtain a clearance:

1. Take the attached TB Risk Assessment Screening Form to your Doctor's office and have a Physician, Physician Assistant, Nurse Practitioner, or Registered Nurse certify that you have no risk of tuberculosis.
2. In the event that you do have a risk of tuberculosis, you may submit to an Intra-dermal Tuberculosis skin test through your doctor, clinic or the County Health Department.
3. If your skin test comes back positive or false positive, you will be required to have a chest x-ray clearance stating that you are free and clear of all signs/symptoms of tuberculosis.
4. Submit one of the above mentioned clearances to the LCER Human Resources prior to volunteering.

As a convenience to our volunteers, our District Registered Nurse will be available on limited days during the school year to assist volunteers with the TB Risk Assessment. Please email hr@lcer.org to obtain instructions (please put "Volunteer TB" in the subject line if emailing).

None of the above assessments or tests can be more than 60 days prior to the initial volunteer assignment. Either an Intra-dermal tuberculosis test or a chest x-ray may take place of the TB Risk Assessment at any time.

If you have any questions or concerns, please do not hesitate to email hr@lcer.org (using "Volunteer TB" in the subject line) or call Human Resources at 760-946-5414 ext. 294 or 175.

Sincerely,

LCER Human Resource Department



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.



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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:** _____

Staff/Volunteer Personal Declaration

I, _____, declare I have reviewed the information in this questionnaire and I attest to the accuracy of the information I provided to my medical practitioner as set forth herein. I have reviewed all the questions and answers provided on this Certificate of Medical Examination and acknowledge they are truthful and do not contain any omissions.

Staff/Volunteer Applicant's Signature: _____ **Date:** _____

History of Tuberculosis Infection or Disease (Check appropriate box below)

YES

If there is documented 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 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 are no longer needed. If an employee/volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

NO (Assess for Risk Factors for Tuberculosis using box below)

Risk Factors for Tuberculosis (Check appropriate box below)

If any of the 5 boxes below are checked, a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). Re-testing with TST or IGRA should only be one in persons who previously tested negative, and have new risk factors 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-CDC)

One or more signs/symptoms of TB: prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue

Evaluate for active TB test with 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

Close contact to someone with infectious TB disease at any time

Foreign-Born person from a country with an elevated TB rate

Includes any country other than the United States, Canada, Australia, New Zealand, or a county in western or northern Europe. IGRA is preferred over TST for foreign-born persons.

Consecutive travel or residence of 1 or more months in a country with an elevated TB rate

Includes any country other than the United States, Canada, Australia, New Zealand, or a county in western or northern Europe. IGRA is preferred over TST for foreign-born persons.

Volunteered, worked or lived in a correctional or homeless facility



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: