



Rogers Fire Department Standard Operating Procedures

Policy Title:	Tuberculosis Skin Testing		
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Approved By:	Tom Jenkins	Last Updated:	May 2012
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PURPOSE

The purpose of this policy is to establish policy involving the testing of RFD personnel for Tuberculosis exposure and appropriate treatment and follow up care.

POLICY

Members of the RFD may come into contact with patients who are infected with Tuberculosis. To medically monitor the health of all responders, each sworn member of the department will receive a Tuberculin Skin Test at least annually. This test will be delivered at no expense to the employee.

The TST will be delivered during the second quarter of the year. The test will conform to the Arkansas Department of Health (ADH) standard and be delivered by trained personnel either from a local medical facility or the Rogers Fire Department.

Documentation

Any member that requires testing for an exposure that occurred during an incident is required to fill out an Unusual Incident Form and a Workers Compensation Form upon leaving the hospital. These forms should be completed as thoroughly as possible and forwarded to the Battalion Chief for verification. The Battalion Chief will confirm the details of the exposure and all forms will be sent to the EMS Program Manager.

A positive test result from the annual TB testing does not require any additional paperwork from the employee. The test results and any additional paperwork required by the Department of Health will be filled out by the EMS Program Manager. This required paperwork will be forwarded to the ADH or given to the effected member to take with them to the follow up visit.

If, at any point during this process, the effected member decides to not continue with medical testing or treatment they shall fill out Form 113 Employee Declination of Medical Care.

Follow Up

All follow-up testing will be coordinated by the Arkansas Department of Health. The EMS Program Manager will be responsible for scheduling follow up appointments for the exposed member. Should the member refuse continuing care, any claim for workers compensation may be denied.

A positive test after one or more years of negative tests may necessitate a 2nd TST to verify the positive result from the first test. A second positive test will establish that individual as a positive reactor. When this happens the member will receive an evaluation from the ADH.

ADH Health Card

Any member that tests positive for TB will be required to submit annually to a health check up by the ADH. The Member will receive an exam by a qualified representative of the ADH and possibly a chest X-ray. The ADH will determine if the infection is in latency or active phase. If the infection is determined to be in its latency phase the ADOH will issue a Health Card declaring the member is "Fit for Duty". The member will be required to have a health card re-issued every year.

If the infection is determined to be active the member may not return to duty until which time the member is determined to no longer be contagious. The ADH representative will consult with the member and inform them of their options at that time.

Before returning to duty the effected member will be required to provide the necessary paperwork including, but not limited to, a ADH Health Card, and a letter from the ADH describing the current condition of the member specifically declaring the member is no longer contagious and able to perform all necessary functions of an active duty firefighter. Additionally, the member will prove their ability to return by performing the PAT. This test will help to confirm the member's cardiopulmonary function is intact enough to return to active duty.