**Fontbonne University**

**Tuberculosis Policy**

**Purpose**

The purpose of this policy is to help avoid an outbreak of tuberculosis on campus and to comply with Missouri state law. The policy applies to all new students, faculty, and staff of Fontbonne University and in some cases to returning students, faculty and staff (i.e. participation in a service trip to a high prevalence country). The policy is established in accordance with applicable regulations and requirements.

**Risk Screening Policy**

All new students, faculty and staff are required to complete a screening questionnaire to assess their risk factors for tuberculosis.

The risk screening questionnaire will be sent to all new students, faculty and staff of Fontbonne upon class registration or for new employees, during new hire orientation. The Student Affairs Department will be responsible for documenting completion of student questionnaires. The Human Resources Department is responsible for faculty and staff questionnaires. The forms will be placed in student files and new employee personnel files. The following information will be documented for students, faculty and staff:

* Date the questionnaire was received and evaluated
* Number of “yes” responses checked on the questionnaire
* Copy of completed questionnaire

With the exception of new international students and new resident students, new students, faculty and staff whose questionnaires contain all “no” responses shall be deemed NOT to be at risk for tuberculosis. No additional testing/screening/treatment is required, and registration/employment may proceed.

Anyone who has one or more “yes” responses must undergo further evaluation and testing at their own expense to determine if they have tuberculosis. Students will not be allowed to register for the next academic term until further testing has been completed, and there will be an administrative hold placed on their account. Faculty and staff with one or more “yes” responses will be required to undergo further testing to continue employment, and will be placed a probationary period which may or may not coincide with the initial 90 day orientation period.

**Testing Policy**

Students, faculty and staff required to undergo further testing (at their own expense) to determine whether they have tuberculosis may avoid further testing if they can provide documented negative results of a tuberculin skin test done in the United States in the last six months and no risk factors were identified. Students, faculty and staff who have a history of positive tuberculin skin tests or previous tuberculosis disease should provide documentation of appropriate evaluation and treatment as indicated. The Student Affairs Department will notify students who need additional testing and/or documentation within the first two weeks of the current academic term. The additional testing and/or documentation must be completed as soon as possible. Students who fail to comply with the request for additional testing and/or documentation may be dropped from future classes and future registration restricted until compliant. In the case of new faculty or staff, continued employment is dependent upon compliance with the request for additional testing.

**Testing Protocol**

Students, faculty and staff who answer “yes” to one or more questions on the risk screening must follow this protocol:

1. Tuberculin skin testing is required for all students, faculty and staff who answered “yes” to one or more questions on the risk screening unless there is documented evidence from the United States that a test was done in the previous six months and no risk factors were indicated. Once notified of the need to be tested, the test must be done within two weeks.
2. A positive tuberculosis test will necessitate the need for additional testing, including a chest x-ray and physical exam by a certified healthcare provider with an emphasis on signs and symptoms of tuberculosis. Results must be provided to the Student Affairs Department or Human Resources Department within one week of the positive tuberculosis skin test.
3. Students, faculty and staff who have a positive tuberculosis test but a negative chest x-ray and a negative physical exam will be deemed to meet the criteria for latent tuberculosis infection. Treatment may be recommended, and if refused, an annual evaluation will be required to register for classes and/or continue employment.
4. The Student Affairs Department or Human Resources Department will notify the local health department of any positive tuberculosis test and abnormal x-ray to seek further guidance.
5. If further testing determines that tuberculosis is not active, a diagnosis of latent tuberculosis infection is assumed for purposes of documentation, and treatment is recommended. If the student, faculty or staff member refuses treatment or does not complete treatment, it must be documented by the Student Affairs Department or Human Resources Department. An annual symptom evaluation is required if a student, faculty or staff member refuses treatment in order to continue with registration or employment.
6. If further testing results in active tuberculosis that is not contagious (as determined by the local health department), treatment must be undertaken in order to remain enrolled or employed. Strict adherence to treatment is expected; failure to do so may result in students being removed from classes and/or employees being suspended from active employment.
7. A diagnosis of active, contagious tuberculosis will necessitate that Fontbonne work closely with the local health department to isolate and treat the infected student, faculty or staff member and to identify and test people who have been exposed to the contagious student or employee. An appropriate communication plan will be developed to inform the campus community of the diagnosis of active tuberculosis. Students or employees with an active, contagious diagnosis will not be allowed on campus until certified to return to campus by the local health department.
8. Any additional testing and/or treatment required will be at the individual’s expense.

The Student Affairs Department and Human Resources Department will initiate any campus wide communications via the Associate Vice President of Marketing and Communications regarding tuberculosis on campus in accordance with appropriate protocol outlined by Fontbonne as well as the local health department.

Any information obtained as a result of this policy will be maintained subject to policies adopted by Fontbonne University to protect your privacy.

**Appendix to**

**Fontbonne University Tuberculosis Policy**

**Glossary of Terms**

**Chest x-ray:** A chest [X-ray](http://www.webmd.com/hw-popup/x-ray) is a picture of the chest that shows your [heart](http://www.webmd.com/heart/picture-of-the-heart), [lungs](http://www.webmd.com/lung/picture-of-the-lungs), airway, [blood](http://www.webmd.com/heart/anatomy-picture-of-blood) vessels, and [lymph nodes](http://www.webmd.com/cancer/lymph-nodes).

**Local health department:** St. Louis County Health Department

**Latent Tuberculosis Infection (LTBI):** a condition in which a person is infected with Mycobacterium **tuberculosis**, but does not currently have active **tuberculosis** disease.

**Matriculation**: to become a student at a school usually in a college or university.

**Mycobacterium** **tuberculosis:** pathogenic bacterial species and the causative agent of most cases of tuberculosis (TB).

**Registration hold**: notation on a student’s account preventing action on the student’s account such as registration for classes.

**Risk Screening:** questionnaire presented to students, faculty and staff regarding tuberculosis history to determine whether there is any potential exposure to tuberculosis presented by the student or employee.

**Tuberculosis**: commonly known as TB, is a bacterial infection that can spread through the lymph nodes and bloodstream to any organ in your body but is most often found in the lungs. While most people who are exposed to TB never develop symptoms because the bacteria can live in an inactive form in the body, TB bacteria can become active. In an active state, TB bacteria cause death of tissue in the organs they infect and can be fatal if left untreated.

**Tuberculin skin test**: A tuberculin [skin](http://www.webmd.com/skin-problems-and-treatments/picture-of-the-skin) test (also called a Mantoux tuberculin test) is done to by putting a small amount of TB protein ([antigens](http://www.webmd.com/hw-popup/antigen)) under the top layer of skin on your inner forearm. If you have ever been exposed to the TB bacteria ([Mycobacterium tuberculosis](http://www.webmd.com/a-to-z-guides/medical-history-and-physical-exam-for-tuberculosis-tb)), your skin will react to the antigens by developing a firm red bump at the site within 2 days.

The TB antigens used in a tuberculin skin test are called purified protein derivative (PPD). A measured amount of PPD in a shot is put under the top layer of skin on your forearm. This is a good test for finding a TB infection. It is often used when symptoms, screening, or testing, such as a chest [X-ray](http://www.webmd.com/hw-popup/x-ray), show that a person may have TB.