

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM
3.10
(ID # 4319)

MEETING DATE:
Tuesday, May 23, 2017

FROM : EXECUTIVE OFFICE AND Public Health :

SUBJECT: EXECUTIVE OFFICE: A.B. 511 (Arambula) - Tuberculosis Risk Assessment and Examination: Support, All Districts. [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Support A.B. 511 (Arambula) - Tuberculosis Risk Assessment and Examination

ACTION: Policy



Sarah S Mack, Director of Public Health 5/17/2017


George A Johnson 5/17/2017

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Tavaglione, seconded by Supervisor Ashley and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Washington, Perez and Ashley
Nays: None
Absent: None
Date: May 23, 2017
xc: EO

Kecia Harper-Ihem
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: N/A			Budget Adjustment: N/A	
			For Fiscal Year: N/A	

C.E.O. RECOMMENDATION: APPROVE

BACKGROUND:

Summary

Existing law requires employees and volunteers of a heritage school to be in good health, as verified by a health screening, including a test for tuberculosis.

A.B. 511 (Arambula) - Tuberculosis Risk Assessment and Examination, would instead require the health screening to include a tuberculosis risk assessment, developed by the State Department of Public Health and the California Tuberculosis Controllers Association, within the prior 60 days of initial employment or volunteer assignment, and every 4 years thereafter, and, if risk factors are present, an examination to determine that he or she is free of infectious tuberculosis.

Specifically, A.B. 511 (Arambula) - Tuberculosis Risk Assessment and Examination would:

- 1) Replace the requirement for mandatory TB testing with a required TB risk assessment developed by DPH and CTCA for the following specified individuals:
 - (a) Employees and volunteers of a heritage school;
 - (b) Foster parents and certain relative caregivers;
 - (c) Volunteers in crisis nurseries;
 - (d) Affiliated home care aides employed by home care organizations; and,
 - (e) Employees of parks, playgrounds, recreational centers, and beaches used for recreational purposes by a city or county whose position requires contact with children. This proposed change in law also applies to food concessionaires and other licensed concessionaires working in those locations.
- 2) Specify when the initial TB risk assessment must be performed and at what intervals it must be repeated.
- 3) Require the performance of an examination, including skin testing, if risk factors for TB are present, to determine if the individual is free of infectious TB.
- 4) Replace obsolete references to "nursery school" with "preschool" in existing sections of law that require TB risk assessment.

Impact on Residents and Businesses

The action presented should not affect residents or businesses within Riverside County.

SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA

ATTACHMENT A. A.B. 511 (Arambula) - Tuberculosis Risk Assessment and Examination


Brian Nestande 5/17/2017

AMENDED IN ASSEMBLY MARCH 27, 2017

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

ASSEMBLY BILL

No. 511

Introduced by Assembly Member Arambula

February 13, 2017

An act to amend Sections 1812.541 and 1812.542 of the Civil Code, to amend Section 33195.6 of, and to repeal Section 59150 of, the Education Code, to amend Section 8732 of the Family Code, to amend Sections 1226.1, 1526.8, 1796.43, 1796.45, and 121525 of the Health and Safety Code, and to amend Sections 5163 and 5163.1 of the Public Resources Code, relating to tuberculosis.

LEGISLATIVE COUNSEL'S DIGEST

AB 511, as amended, Arambula. Tuberculosis risk assessment and examination.

~~Existing law requires an employment agency that refers temporary certified nurse assistants or temporary licensed nursing staff to an employer who is a licensed long-term health care facility to provide the employer with verification that the individual has had tuberculosis screening within 90 days prior to employment and annually thereafter.~~

This bill would instead require the employment agency to verify that the individual has submitted to a tuberculosis risk assessment, developed by the State Department of Public Health and the California Tuberculosis Controllers Association, within 90 days prior to employment and annually thereafter, and, if risk factors are present, an examination to determine that he or she is free of infectious tuberculosis.

Existing law requires employees and volunteers of a heritage school to be in good health, as verified by a health screening, including a test for tuberculosis, as ~~specified~~ *specified*.

This bill would instead require the health screening to include a tuberculosis risk assessment within the prior 60 days of initial employment or volunteer assignment, and every 4 years thereafter, and, if risk factors are present, an examination to determine that he or she is free of infectious tuberculosis.

Existing law requires students attending specified schools for blind and deaf persons to be tested for exposure to tuberculosis at least every 2 years.

This bill would repeal those provisions.

Existing law requires a foster parent applicant and each adult residing in the applicant's home to receive a test for communicable tuberculosis.

This bill would instead require those individuals to receive a tuberculosis risk assessment, and, if risk factors are present, an examination to determine that he or she is free of infectious tuberculosis.

~~Existing law requires an individual working in a primary care clinic to comply with specified requirements regarding health examinations and public health protections, including testing for tuberculosis.~~

~~This bill would instead require those individuals to receive a tuberculosis risk assessment, and, if risk factors are present, an examination consisting of a test for tuberculosis infection. The bill would require a positive tuberculosis test to be followed by a chest X-ray to determine if the employee is free of infectious tuberculosis.~~

Existing law requires a volunteer caregiver in a crisis nursery to be in good physical health and be tested for tuberculosis, not more than one year prior to, or 7 days after, initial presence in the facility.

This bill would instead require those individuals to submit to a tuberculosis risk assessment, and, if risk factors are present, an examination to determine that he or she is free of infectious tuberculosis.

Existing law requires an affiliated home care aide employed by a home care organization to demonstrate that he or she is free from tuberculosis, by submitting to an examination 90 days prior to, or 7 days after, employment, to determine that he or she is free of active tuberculosis. Under existing law, an affiliated home care aide whose test for tuberculosis infection is negative is required to undergo an examination at least once every 2 years.

This bill would instead prohibit an affiliated home care aide from being initially employed by a home care organization unless he or she has submitted to a tuberculosis risk assessment within the prior 90 days, or within 7 days after employment, and, if risk factors are present, an examination, as specified. The bill would extend the required period

for subsequent examinations to once every 4 years for affiliated home care aides with no identified tuberculosis risk, or a negative tuberculosis test.

Existing law prohibits a person from being initially employed by a private or parochial elementary or secondary school, or a nursery school, unless that person produces or has on file with the school a certificate showing that he or she has submitted to a tuberculosis risk assessment, and, if risk factors are present, an examination to determine that he or she is free of infectious tuberculosis.

This bill would replace obsolete references to “nursery school” in these provisions to refer instead to “preschool” for purposes of tuberculosis risk assessment.

Existing law prohibits a person from being initially employed in connection with specified city or county public recreation areas and facilities unless that person produces or has on file with the city or county a certificate showing that within the prior 2 years he or she has been examined and found to be free of communicable tuberculosis. Existing law requires an employee with a negative skin test to repeat the test once every 4 years and, if a subsequent skin test is positive, to have an X-ray and a referral to the local health officer for followup care.

This bill would instead require the employees to submit to a tuberculosis risk assessment, and, if risk factors are present, an examination to determine that he or she is free of infectious tuberculosis. Employees with a negative test or no identified risk factors would be required to repeat the test every 4 years and receive an examination and followup care if a subsequent test is positive, as specified. This bill would require the examination to consist of any test for tuberculosis infection recommended by the federal Centers for Disease Control and Prevention and licensed by the federal Food and Drug Administration.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. ~~Section 1812.541 of the Civil Code is amended~~
- 2 ~~to read:~~
- 3 ~~1812.541. Every employment agency that refers temporary~~
- 4 ~~certified nurse assistants to an employer that is a long-term health~~
- 5 ~~care facility shall provide the employer with all of the following:~~

1 ~~(a) Written verification that the employment agency has verified~~
2 ~~that any certified nurse assistant referred by the agency is registered~~
3 ~~on the state registry of certified nurse assistants and is in good~~
4 ~~standing. The employment agency shall provide to the employer~~
5 ~~the certified nurse assistant's professional certification number~~
6 ~~and date of expiration.~~

7 ~~(b) A statement that the certified nurse assistant has at least six~~
8 ~~months of experience working in a long-term health care facility.~~

9 ~~(c) A statement that the certified nurse assistant has had a health~~
10 ~~examination within 90 days prior to employment with the~~
11 ~~employment agency or seven days after employment with the~~
12 ~~employment agency and at least annually thereafter by a person~~
13 ~~lawfully authorized to perform that procedure. Each examination~~
14 ~~shall include a medical history and physical evaluation. The~~
15 ~~employment agency shall also provide verification that the~~
16 ~~individual has submitted to a tuberculosis risk assessment~~
17 ~~developed by the State Department of Public Health and the~~
18 ~~California Tuberculosis Controllers Association within 90 days~~
19 ~~prior to employment and annually thereafter, and, if risk factors~~
20 ~~are present, an examination to determine that he or she is free of~~
21 ~~infectious tuberculosis.~~

22 ~~(d) A statement that the certified nurse assistant will participate~~
23 ~~in the facility's orientation program and any in-service training~~
24 ~~programs at the request of the long-term health care employer.~~

25 ~~(e) A statement that a certified nurse assistant is in compliance~~
26 ~~with the in-service training requirements of paragraph (1) of~~
27 ~~subdivision (a) of Section 1337.6 of the Health and Safety Code.~~

28 ~~SEC. 2. Section 1812.542 of the Civil Code is amended to~~
29 ~~read:~~

30 ~~1812.542. Every employment agency that refers temporary~~
31 ~~licensed nursing staff to an employer who is a licensed long-term~~
32 ~~health care facility shall provide the employer with all of the~~
33 ~~following:~~

34 ~~(a) Written verification that the individual is in good standing~~
35 ~~with the Board of Registered Nursing or the Board of Vocational~~
36 ~~Nursing and Psychiatric Technicians, as applicable, and has~~
37 ~~successfully secured a criminal record clearance. The employment~~
38 ~~agency shall provide to the employer the individual's professional~~
39 ~~license and registration number and date of expiration.~~

1 ~~(b) A statement that the licensed nursing staff person has had a~~
2 ~~health examination within 90 days prior to employment with the~~
3 ~~employment agency or seven days after employment with the~~
4 ~~employment agency and at least annually thereafter by a person~~
5 ~~lawfully authorized to perform that procedure. Each examination~~
6 ~~shall include a medical history and physical evaluation. The~~
7 ~~employment agency shall also provide verification that the~~
8 ~~individual has submitted to a tuberculosis risk assessment~~
9 ~~developed by the State Department of Public Health and the~~
10 ~~California Tuberculosis Controllers Association within 90 days~~
11 ~~prior to employment and annually thereafter, and, if risk factors~~
12 ~~are present, an examination to determine that he or she is free of~~
13 ~~infectious tuberculosis.~~

14 ~~SEC. 3.~~

15 *SECTION 1.* Section 33195.6 of the Education Code is
16 amended to read:

17 33195.6. (a) A director of a heritage school shall undergo at
18 least 15 hours of health and safety training. The training shall
19 include all of the following components:

20 (1) Pediatric first aid.

21 (2) Pediatric cardiopulmonary resuscitation (CPR).

22 (3) A preventive health practices course or courses that include
23 instruction in the recognition, management, and prevention of
24 infectious diseases, including immunizations, and prevention of
25 childhood injuries.

26 (4) Training in pediatric first aid and CPR pursuant to paragraphs
27 (1) and (2) shall be provided by a program approved by the
28 American Red Cross, the American Heart Association, or the
29 Emergency Medical Services Authority pursuant to Section
30 1797.191 of the Health and Safety Code.

31 (5) Training in preventive health practices pursuant to paragraph
32 (3) shall be provided by a training program approved by the
33 Emergency Medical Services Authority.

34 (6) In addition to the training programs specified in paragraphs
35 (4) and (5), training programs or courses in pediatric first aid,
36 pediatric CPR, and preventive health practices offered or approved
37 by an accredited postsecondary educational institution are
38 considered to be approved sources of training that may be used to
39 satisfy the training requirements of paragraphs (1) to (3), inclusive.

1 (7) Persons who, prior to the effective date of this section, have
2 completed a course or courses in preventive health practices as
3 described in paragraph (3), and have a certificate of completion
4 of a course or courses in preventive health practices, or certified
5 copies of transcripts that identify the number of hours and the
6 specific course or courses taken for training in preventive health
7 practices, shall be deemed to have met the training requirement
8 for preventive health practices pursuant to paragraph (3).

9 (b) All employees and volunteers of a heritage school shall be
10 in good health, as verified by a health screening performed by, or
11 under the supervision of, a licensed physician and surgeon. The
12 screening shall include a tuberculosis risk assessment developed
13 by the State Department of Public Health and the California
14 Tuberculosis Controllers Association within the prior 60 days of
15 initial employment or volunteer assignment and every four years
16 thereafter, and, if risk factors are present, an examination to
17 determine that he or she is free of infectious tuberculosis.

18 (c) Pupils attending heritage schools shall have access to
19 working sinks, toilets, and drinking water.

20 (d) No pupil attending a heritage school shall have access to
21 medication or cleaning supplies, except as otherwise provided by
22 law.

23 (e) A heritage school, as defined in Section 33195.4, shall not
24 be subject to licensure by the State Department of Social Services
25 as a child day care center pursuant to Chapter 3.4 (commencing
26 with Section 1596.70) or Chapter 3.5 (commencing with Section
27 1596.90) of Division 2 of the Health and Safety Code.

28 (f) Upon a pupil's enrollment in a heritage school, the heritage
29 school shall provide a notice to the pupil's parent or guardian
30 stating that the heritage school is exempt from child care licensure,
31 and that attendance at a heritage school does not satisfy California's
32 compulsory education requirements pursuant to Section 48200.

33 ~~SEC. 4.~~

34 *SEC. 2.* Section 59150 of the Education Code is repealed.

35 ~~SEC. 5.~~

36 *SEC. 3.* Section 8732 of the Family Code is amended to read:

37 8732. A report of a medical examination of the foster parent
38 with whom the child has lived for a minimum of six months or the
39 relative caregiver who has had an ongoing and significant
40 relationship with the child shall be included in the assessment of

1 each applicant unless the department, county adoption agency, or
2 licensed adoption agency determines that, based on other available
3 information, this report is unnecessary. The assessment shall
4 require certification that the applicant and each adult residing in
5 the applicant's home has received a tuberculosis risk assessment
6 developed by the State Department of Public Health and the
7 California Tuberculosis Controllers Association, and, if risk factors
8 are present, an examination to determine that he or she is free of
9 infectious tuberculosis.

10 ~~SEC. 6. Section 1226.1 of the Health and Safety Code is~~
11 ~~amended to read:~~

12 ~~1226.1. (a) A primary care clinic shall comply with the~~
13 ~~following requirements regarding health examinations and other~~
14 ~~public health protections for individuals working in a primary care~~
15 ~~clinic:~~

16 ~~(1) An employee working in a primary care clinic who has direct~~
17 ~~contact with patients shall have a health examination within six~~
18 ~~months prior to employment or within 15 days after employment.~~
19 ~~Each examination shall include a medical history and physical~~
20 ~~evaluation. A written examination report, signed by the person~~
21 ~~performing the examination, shall verify that the employee is able~~
22 ~~to perform his or her assigned duties.~~

23 ~~(2) At the time of employment, an employee shall receive a~~
24 ~~tuberculosis risk assessment developed by the State Department~~
25 ~~of Public Health and the California Tuberculosis Controllers~~
26 ~~Association, and, if risk factors are present, an examination. The~~
27 ~~examination for tuberculosis shall consist of a test for tuberculosis~~
28 ~~infection recommended by the federal Centers for Disease Control~~
29 ~~and Prevention (CDC) and licensed by the federal Food and Drug~~
30 ~~Administration (FDA). If a test for tuberculosis is positive, the test~~
31 ~~shall be followed by an X-ray of the lungs and subsequently~~
32 ~~interpreted by a physician to determine if the employee is free of~~
33 ~~infectious tuberculosis. Annual examinations shall be performed~~
34 ~~only when medically indicated.~~

35 ~~(3) The clinic shall maintain a health record for each employee~~
36 ~~that includes reports of all employment-related health examinations.~~
37 ~~These records shall be kept for a minimum of three years following~~
38 ~~termination of employment.~~

39 ~~(4) An employee known to have or exhibiting signs or symptoms~~
40 ~~of a communicable disease shall not be permitted to work until he~~

1 ~~or she submits a physician's certification that the employee is~~
2 ~~sufficiently free of the communicable disease to return to his or~~
3 ~~her assigned duties.~~

4 ~~(b) Any regulation adopted before January 1, 2004, that imposes~~
5 ~~a standard on a primary care clinic that is more stringent than~~
6 ~~described in this section is void.~~

7 ~~SEC. 7.~~

8 *SEC. 4.* Section 1526.8 of the Health and Safety Code is
9 amended to read:

10 1526.8. (a) It is the intent of the Legislature that the department
11 develop modified staffing levels and requirements for crisis
12 nurseries, provided that the health, safety, and well-being of the
13 children in care are protected and maintained.

14 (1) All caregivers shall be certified in pediatric cardiopulmonary
15 resuscitation (CPR) and pediatric first aid. Certification shall be
16 demonstrated by current and valid pediatric CPR and pediatric
17 first aid cards issued by the American Red Cross, the American
18 Heart Association, by a training program that has been approved
19 by the Emergency Medical Services Authority pursuant to Section
20 1797.191, or from an accredited college or university.

21 (2) The licensee shall develop, maintain, and implement a
22 written staff training plan for the orientation, continuing education,
23 on-the-job training and development, supervision, and evaluation
24 of all lead caregivers, caregivers, and volunteers. The licensee
25 shall incorporate the training plan in the crisis nursery plan of
26 operation.

27 (3) The licensee shall designate at least one lead caregiver to
28 be present at the crisis nursery at all times when children are
29 present. The lead caregiver shall have one of the following
30 education and experience qualifications:

31 (A) Completion of 12 postsecondary semester units or equivalent
32 quarter units, with a passing grade, as determined by the institution,
33 in classes with a focus on early childhood education, child
34 development, or child health at an accredited college or university,
35 as determined by the department, and six months of work
36 experience in a licensed group home, licensed infant care center,
37 or comparable group child care program or family day care. At
38 least three semester units, or equivalent quarter units, or equivalent
39 experience shall include coursework or experience in the care of
40 infants.

1 (B) A current and valid Child Development Associate (CDA)
2 credential, with the appropriate age level endorsement issued by
3 the CDA National Credentialing Program, and at least six months
4 of on-the-job training or work experience in a licensed child care
5 center or comparable group child care program.

6 (C) A current and valid Child Development Associate Teacher
7 Permit issued by the California Commission on Teacher
8 Credentialing pursuant to Sections 80105 to 80116, inclusive, of
9 Title 5 of the California Code of Regulations.

10 (4) Lead caregivers shall have a minimum of 24 hours of training
11 and orientation before working with children. One year experience
12 in a supervisory position in a child care or group care facility may
13 substitute for 16 hours of training and orientation. The written staff
14 training plan shall require the lead caregiver to receive and
15 document a minimum of 20 hours of annual training directly related
16 to the functions of his or her position.

17 (5) Caregiver staff shall complete a minimum of 24 hours of
18 initial training within the first 90 days of employment. Eight hours
19 of training shall be completed before the caregiver staff are
20 responsible for children, left alone with children, and counted in
21 the staff-to-child ratios described in subdivision (c). A maximum
22 of four hours of training may be satisfied by job shadowing.

23 (b) The department shall allow the use of fully trained and
24 qualified volunteers as caregivers in a crisis nursery, subject to the
25 following conditions:

26 (1) Volunteers shall be fingerprinted for the purpose of
27 conducting a criminal record review as specified in subdivision
28 (b) of Section 1522.

29 (2) Volunteers shall complete a child abuse central index check
30 as specified in Section 1522.1.

31 (3) Volunteers shall be in good physical health and shall submit
32 to a tuberculosis risk assessment developed by the State
33 Department of Public Health and the California Tuberculosis
34 Controllers Association, and, if risk factors are present, an
35 examination to determine that he or she is free of infectious
36 tuberculosis, not more than one year prior to, or seven days after,
37 initial presence in the facility.

38 (4) Volunteers shall complete a minimum of 16 hours of training
39 as specified in paragraphs (5) and (6).

- 1 (5) Prior to assuming the duties and responsibilities of a crisis
2 caregiver or being counted in the staff-to-child ratio, volunteers
3 shall complete at least five hours of initial training divided as
4 follows:
- 5 (A) Two hours of crisis nursery job shadowing.
 - 6 (B) One hour of review of community care licensing regulations.
 - 7 (C) Two hours of review of the crisis nursery program, including
8 the facility mission statement, goals and objectives, child guidance
9 techniques, and special needs of the client population they serve.
- 10 (6) Within 90 days, volunteers who are included in the
11 staff-to-child ratios shall do both of the following:
- 12 (A) Acquire a certification in pediatric first aid and pediatric
13 cardiopulmonary resuscitation.
 - 14 (B) Complete at least 11 hours of training covering child care
15 health and safety issues, trauma informed care, the importance of
16 family and sibling relationships, temperaments of children,
17 self-regulation skills and techniques, and program child guidance
18 techniques.
- 19 (7) Volunteers who meet the requirements of paragraphs (1),
20 (2), and (3), but who have not completed the training specified in
21 paragraph (4), (5), or (6) may assist a fully trained and qualified
22 staff person in performing child care duties. However, these
23 volunteers shall not be left alone with children, shall always be
24 under the direct supervision and observation of a fully trained and
25 qualified staff person, and shall not be counted in meeting the
26 minimum staff-to-child ratio requirements.
- 27 (c) The department shall allow the use of fully trained and
28 qualified volunteers to be counted in the staff-to-child ratio in a
29 crisis nursery subject to the following conditions:
- 30 (1) The volunteers have fulfilled the requirements in paragraphs
31 (1) to (6), inclusive, of subdivision (b).
 - 32 (2) There shall be at least one fully qualified and employed staff
33 person on site at all times.
 - 34 (3) (A) There shall be at least one employed staff person or
35 volunteer caregiver for each group of six children, or fraction
36 thereof, who are 18 months of age or older, and one employed
37 staff person or volunteer caregiver for each group of three children,
38 or fraction thereof, who are under 18 months of age from 7 a.m.
39 to 7 p.m.

1 (B) There shall be at least one employed staff person or
2 volunteer caregiver for each group of six children, or fraction
3 thereof, who are 18 months of age or older, and one employed
4 staff person or volunteer caregiver for each group of four children,
5 or fraction thereof, who are under 18 months of age from 7 p.m.
6 to 7 a.m.

7 (C) There shall be at least one employed staff person present
8 for every volunteer caregiver used by the crisis nursery for the
9 purpose of meeting the minimum caregiver staffing requirements.

10 (D) The crisis nursery's plan of operation shall address how it
11 will deal with unexpected circumstances related to staffing and
12 ensure that additional caregivers are available when needed.

13 (d) There shall be at least one staff person or volunteer caregiver
14 awake at all times from 7 p.m. to 7 a.m.

15 (e) (1) When a child has a health condition that requires
16 prescription medication, the licensee shall ensure that the caregiver
17 does all of the following:

18 (A) Assists children with the taking of the medication as needed.

19 (B) Ensures that instructions are followed as outlined by the
20 appropriate medical professional.

21 (C) Stores the medication in accordance with the label
22 instructions in the original container with the original unaltered
23 label in a locked and safe area that is not accessible to children.

24 (D) Administers the medication as directed on the label and
25 prescribed by the physician in writing.

26 (i) The licensee shall obtain, in writing, approval and instructions
27 from the child's authorized representative for administration of
28 the prescription medication for the child. This documentation shall
29 be kept in the child's record.

30 (ii) The licensee shall not administer prescription medication
31 to a child in accordance with instructions from the child's
32 authorized representative if the authorized representative's
33 instructions conflict with the physician's written instructions or
34 the label directions as prescribed by the child's physician.

35 (2) Nonprescription medications may be administered without
36 approval or instructions from the child's physician if all of the
37 following conditions are met:

38 (A) Nonprescription medications shall be administered in
39 accordance with the product label directions on the nonprescription
40 medication container or containers.

1 (B) (i) For each nonprescription medication, the licensee shall
2 obtain, in writing, approval and instructions from the child's
3 authorized representative for administration of the nonprescription
4 medication to the child. This documentation shall be kept in the
5 child's record.

6 (ii) The licensee shall not administer nonprescription medication
7 to a child in accordance with instructions from the child's
8 authorized representative if the authorized representative's
9 instructions conflict with the product label directions on the
10 nonprescription medication container or containers.

11 (3) The licensee shall develop and implement a written plan to
12 record the administration of the prescription and nonprescription
13 medications and to inform the child's authorized representative
14 daily, for crisis day services, and upon discharge for overnight
15 care, when the medications have been given.

16 (4) When no longer needed by the child, or when the child is
17 removed or discharged from the crisis nursery, all medications
18 shall be returned to the child's authorized representative or
19 disposed of after an attempt to reach the authorized representative.

20 ~~SEC. 8.~~

21 *SEC. 5.* Section 1796.43 of the Health and Safety Code is
22 amended to read:

23 1796.43. (a) Home care organizations that employ affiliated
24 home care aides shall ensure the affiliated home care aides are
25 cleared on the home care aide registry before placing the individual
26 in direct contact with clients. In addition, the home care
27 organization shall do all of the following:

28 (1) Ensure any staff person, volunteer, or employee of a home
29 care organization who has contact with clients, prospective clients,
30 or confidential client information that may pose a risk to the clients'
31 health and safety has met the requirements of Sections 1796.23,
32 1796.24, 1796.25, 1796.26, and 1796.28 before there is contact
33 with clients or prospective clients or access to confidential client
34 information.

35 (2) Require home care aides to submit to a screening or
36 examination for tuberculosis to determine that he or she is free of
37 infectious tuberculosis, pursuant to Section 1796.45.

38 (3) Immediately notify the department when the home care
39 organization no longer employs an individual as an affiliated home
40 care aide.

1 (b) This section shall not prevent a licensee from requiring a
2 criminal record clearance of any individual exempt from the
3 requirements of this section, provided that the individual has client
4 contact.

5 ~~SEC. 9.~~

6 SEC. 6. Section 1796.45 of the Health and Safety Code is
7 amended to read:

8 1796.45. (a) Affiliated home care aides shall not be initially
9 employed by a home care organization unless the person has
10 submitted to a tuberculosis risk assessment developed by the State
11 Department of Public Health and the California Tuberculosis
12 Controllers Association within the prior 90 days or within seven
13 days after employment, and, if risk factors are present, an
14 examination.

15 (b) For purposes of this section, "examination" means a test for
16 tuberculosis infection that is recommended by the federal Centers
17 for Disease Control and Prevention (CDC) and licensed by the
18 federal Food and Drug Administration (FDA) and, if that test is
19 positive, an X-ray of the lungs. The aide shall not work as an
20 affiliated home care aide unless the licensee obtains documentation
21 from a licensed medical professional that he or she is free of
22 infectious tuberculosis.

23 (c) After submitting to an examination, an affiliated home care
24 aide who has no identified tuberculosis risk factors or whose test
25 for tuberculosis infection is negative shall be required to undergo
26 an examination at least once every four years. Once an affiliated
27 home care aide has a documented positive test for tuberculosis
28 infection that has been followed by an X-ray, the examination is
29 no longer required.

30 (d) After each examination, an affiliated home care aide shall
31 submit, and the home care organization shall keep on file, a
32 certificate from the examining practitioner showing that the
33 affiliated home care aide was examined and found free from
34 infectious tuberculosis disease.

35 (e) The examination is a condition of initial and continuing
36 employment with the home care organization.

37 (f) An affiliated home care aide ~~who transfers employment from~~
38 ~~one home care organization to another~~ shall be deemed to meet
39 the requirements of subdivision (a) or (c) if the affiliated home
40 care aide can produce a certificate showing that he or she submitted

1 to the examination within the past two years and was found to be
2 free of active tuberculosis disease, or if it is verified by the home
3 care organization previously employing him or her that it has a
4 certificate on file that contains that showing and a copy of the
5 certificate is provided to the new home care organization prior to
6 the affiliated home care aide beginning employment.

7 ~~SEC. 10.~~

8 *SEC. 7.* Section 121525 of the Health and Safety Code is
9 amended to read:

10 121525. (a) Except as provided in Section 121555, a person
11 shall not be initially employed, or employed under contract, by a
12 private or parochial elementary or secondary school, or any
13 preschool, unless that person produces or has on file with the school
14 a certificate showing that within the last 60 days the person has
15 submitted to a tuberculosis risk assessment and, if tuberculosis
16 risk factors are identified, has been examined and has been found
17 to be free of infectious tuberculosis. If no risk factors are identified,
18 an examination is not required. A person who is subject to the
19 requirements of this subdivision may submit to an examination
20 that complies with the requirements of Section 121530 instead of
21 submitting to a tuberculosis risk assessment.

22 (b) Thereafter, an employee who has no identified risk factors
23 or who tests negative for the tuberculosis infection by either the
24 tuberculin skin test or any other test for tuberculosis recommended
25 by the federal Centers for Disease Control and Prevention (CDC)
26 and licensed by the federal Food and Drug Administration (FDA),
27 shall be required to undergo the foregoing tuberculosis risk
28 assessment and, if risk factors are identified, the examination, at
29 least once each four years, or more often if directed by the
30 governing authority of the school upon recommendation of the
31 local health officer. Once an employee has a documented positive
32 test for the tuberculosis infection conducted pursuant to this
33 subdivision, the tuberculosis risk assessment is no longer required.
34 A referral shall be made within 30 days of completion of the
35 examination to the local health officer to determine the need for
36 followup care.

37 (c) At the discretion of the governing authority of a private
38 school, this section shall not apply to employees who are employed
39 for any period of time less than a school year whose functions do
40 not require frequent or prolonged contact with pupils.

1 (d) The governing authority of a private school providing for
2 the transportation of pupils under authorized contract shall require
3 as a condition of the contract that every person transporting pupils
4 produce a certificate showing that within the last 60 days the person
5 has submitted to a tuberculosis risk assessment, and, if tuberculosis
6 risk factors are identified, has been examined and has been found
7 to be free of infectious tuberculosis. At the discretion of the
8 governing authority of the school, this section shall not apply to a
9 private contracted driver who transports pupils infrequently and
10 without prolonged contact with the pupils.

11 (e) The examination attested to in the certificate required
12 pursuant to subdivision (d) shall be made available without charge
13 by the local health officer.

14 (f) "Certificate," as used in this chapter, means a document
15 signed by the examining physician and surgeon who is licensed
16 under Chapter 5 (commencing with Section 2000) of Division 2
17 of the Business and Professions Code, or a notice from a public
18 health agency that indicates freedom from infectious tuberculosis.

19 (g) Nothing in this section shall prevent the governing authority
20 of a private, parochial, or preschool, upon recommendation of the
21 local health officer, from establishing a rule requiring a more
22 extensive or more frequent examination than required by this
23 section.

24 (h) The State Department of Public Health, in consultation with
25 the California Tuberculosis Controllers Association, shall develop
26 a risk assessment questionnaire, to be used to conduct tuberculosis
27 risk assessments pursuant to this section. The risk assessment
28 questionnaire shall be administered by a health care provider,
29 which shall be specified on the questionnaire. This risk assessment
30 questionnaire shall be exempt from the rulemaking provisions of
31 the Administrative Procedure Act (Chapter 3.5 (commencing with
32 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
33 Code).

34 ~~SEC. 11.~~

35 *SEC. 8.* Section 5163 of the Public Resources Code is amended
36 to read:

37 5163. (a) No person shall initially be employed in connection
38 with a park, playground, recreational center, or beach used for
39 recreational purposes by a city or county in a position requiring
40 contact with children, or as a food concessionaire or other licensed

1 concessionaire in that area, unless the person submits to a
2 tuberculosis risk assessment developed by the State Department
3 of Public Health and the California Tuberculosis Controllers
4 Association, and, if risk factors are present, an examination as
5 described in Section 5163.1.

6 (b) Thereafter, those employees who do not have identified
7 tuberculosis risk factors, or whose test for tuberculosis infection
8 is negative shall be required to undergo the foregoing examination
9 at least once each four years. Once an employee has a documented
10 positive skin test which has been followed by an X-ray, and
11 subsequently determined by a physician to be free of infectious
12 tuberculosis, the foregoing examination is no longer required and
13 a referral shall be made within 30 days of the examination to the
14 local health officer to determine the need for followup care.

15 "Certificate" means a document signed by the examining
16 physician and surgeon who is licensed under Chapter 5
17 (commencing with Section 2000) of Division 2 of the Business
18 and Professions Code, or a notice from a public health agency or
19 unit of the tuberculosis association which indicates freedom from
20 infectious tuberculosis.

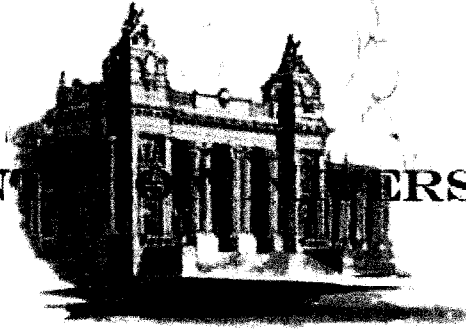
21 ~~SEC. 12.~~

22 *SEC. 9.* Section 5163.1 of the Public Resources Code is
23 amended to read:

24 5163.1. If tuberculosis risk factors are present, the employee
25 shall be examined to determine that he or she is free of infectious
26 tuberculosis. The examination shall consist of any test for
27 tuberculosis infection that is recommended by the federal Centers
28 for Disease Control and Prevention and licensed by the federal
29 Food and Drug Administration, which, if positive, shall be followed
30 by an X-ray of the lungs.

31 Sections 5163 to 5163.2, inclusive, do not prevent the governing
32 body of any city or county, upon recommendation of the local
33 health officer, from establishing a rule requiring a more extensive
34 or more frequent examination than required by Section 5163 and
35 this section.

COUNTY OF RIVERSIDE



Board of Supervisors

District 1	Kevin Jeffries 951-955-1010
District 2 Chairman	John F. Tavaglione 951-955-1020
District 3	Chuck Washington 951-955-1030
District 4	V. Manuel Perez 951-955-1040
District 5	Marion Ashley 951-955-1050

July 5, 2017

The Honorable Ed Hernandez, OD
Chair, Senate Health Committee
State Capitol, Room 2080
Sacramento, CA 95814

**Re: AB 511 (Arambula) – Tuberculosis Risk Assessment and Examination.
As Amended March 27, 2017
County of Riverside: SUPPORT – Per Board Action**

Dear Senator Hernandez:

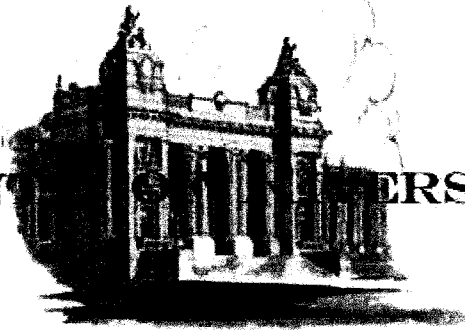
On behalf of the Riverside County Board of Supervisors, I write to express our support for AB 511 by Assemblymember Juan Arambula. This measure would make a number of changes to California's tuberculosis (TB) testing laws.

Specifically AB 511 requires, instead of a TB test, that a TB risk assessment developed by the Department of Public Health (DPH) and the California Tuberculosis Controllers Association (CTCA) be completed for a number of individuals, including employees and volunteers of heritage schools; applicants to be a relative foster parent; home care aides; and a person employed in connection with a park, playground, recreational center, or beach used for recreational purposes by a city or county in a position requiring contact with children, or as a food concessionaire or other licensed concessionaire in that area.

AB 511 implements the recommendations of the federal Centers for Disease Control (CDC) and numerous expert bodies by replacing mandated universal TB testing with risk assessment screening and testing only of high-risk individuals. The best scientific guidance suggests we should not test low-risk populations, but only high-risk individuals. To implement this guidance, AB 511 eliminates widespread TB testing requirements, and instead requires assessment of TB risk. Doing so will protect employees and others from unnecessary treatment. This bill will help avoid periodic shortages of TB testing antigens, will save medical resources for those who need them most, and will protect workers and volunteers from unnecessary testing and treatment

3.10 5/23/17

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For this reason, the County of Riverside supports AB 511. If you have any questions about the County's position, please do not hesitate to contact our Deputy County Executive Officer, Brian Nestande at (951) 955-1110, bnestande@rivco.org.

Sincerely,

John Tavaglione
Chairman, Riverside County Board of Supervisors

cc: The Honorable Juan Arambula, Member, California State Assembly
County of Riverside Delegation
Members, Senate Health Committee
Melanie Moreno, Consultant, Senate Health Committee
Joe Parra, Consultant, Senate Republican Caucus