# POLICIES AND PROCEDURES PERTAINING TO TB PREVENTION AND CONTROL

## PURPOSE

This agency will establish and maintain a TB prevention and control program based on the most current guidelines issued by the Centers for Disease Control and Prevention (CDC). The Minnesota Department of Health guidelines: Regulations for Tuberculosis Control in Minnesota Health Care Settings will be followed. The HSS/Clinical Nurse Supervisor/RN or Designee are responsible for this.

## PROCEDURE

1. **Administrative Responsibility for the TB Infection Control Program:**
   *The HSS/Clinical Nurse Supervisor and/or RN* is responsible for establishing and maintaining the TB prevention and control program. Responsibilities include:
   a. Establishment of an infection control team.
   b. Completion of a written TB risk assessment for the agency using the form provided by the Minnesota Department of Health.
   c. Annual review and revision as needed of the TB risk assessment for the agency. Based on the risk assessment, the Clinical Nurse Supervisor and/or RN will determine the frequency of TB screening and testing necessary for assisted living staff.
   d. Development, implementation and revision as necessary of written TB infection control procedures. If our agency is assessed as medium-risk, these TB infection control procedures will be reviewed and updated annually. If our agency is assessed as low risk for TB, these procedures will be reviewed and updated as necessary every other year.
   *e.* Education of assisted living staff *and contracted staff and volunteers* regarding TB signs and symptoms, our infection control plan and other communicable diseases. *(C-diff, VRSA, MRSA, Hepatitis, HIV, etc.)*
   *f.* Screening of assisted living staff *and contracted staff and volunteers* for TB. If our agency is assessed as medium risk, the screening and testing will be conducted annually. This screening will be performed by a registered nurse.
   g. Maintain all reports of TB screening in the personnel files of assisted living employees *and contracted staff and volunteers.*
   h. If a case of suspected or confirmed TB disease is identified among staff or clients, we assure that appropriate actions will be taken immediately which may include assistance with arrangement for transfer of the client to an inpatient facility while collaborating and cooperating with local public health and MDH.
   i. If a case of suspected or confirmed TB is not promptly recognized and addressed, identify why and take steps to change the plan or do additional training to assure that it will be promptly addressed in the future.
   j. Cooperate with the local health department in any investigations related to a possible health-care associated transmission of TB is suspected

2.

**Determining the Frequency of Screening for Current Assisted living Staff**

Based on the outcome of the agency's TB risk assessment, the HSS/Clinical Nurse Supervisor and/or RN determines whether a skin test is required for each assisted living employee annually. The agency will follow the guidelines provided by MDH related to the outcome of the risk assessment and the frequency of screening for current employees

Screening includes

1. Assessing for current symptoms of Active TB
2. Assessing for TB risk factors and TB history;
3. Testing for the presence of infection with Mycobacterium tuberculosis by administering either a two-step TST or single IGRA.

| **Risk classification** | Baseline Screening | Serial Screening |
|---|---|---|
| Low | Required | Not Required |
| Medium | Required | Annual |
| Potential ongoing transmission | Required | May require testing on a quarterly or twice-yearly basis. Consult with the MDH TB Prevention and Control Program at 651-201-5414 |

3. **TB screening for Assisted living Staff *and contractors and volunteers***

At time of hire and prior to any contact with clients, all assisted living employees and all volunteers will be screened for Tuberculosis.

*a.* Prior to contact with clients, the RN will review TB symptoms with each new assisted living employee and with any volunteers having direct client contact.

b. Prior to contact with clients, each staff person will be screened for TB. A two-step skin test or single interferon gamma release assay (IGRA) for *M. tuberculosis* (e.g., QuantiFERON® TB Gold or TB Gold-InTube, TSPOT ®.TB) will be administered unless the person's past medical history indicates that a TB skin test is contraindicated. Individuals who have been vaccinated with Bacillus Calmette-Guerin (BCG) vaccine are not exempt from tuberculin skin testing. Pregnant women are not exempt from tuberculin skin testing unless they have filed the exemption form for TB skin testing of a pregnant health care worker. The RN will follow the MDH guidance in 06-009 regarding how to screen employees with a previous or current positive TST or TB blood test or with a documented history of previous treatment for latent TB infection (LTBI) or active TB disease. For any questions the RN will contact the MDH TB staff at 651-201-5414 or 1-877-676-5414 and/or visit http://www.health.state.mn.us/divs/idepc/diseases/tb/tst.html#two

c. After the baseline screening, the RN will review the TB symptoms annually with all employees and volunteers but additional testing will not be necessary as long as the assisted living agency's TB risk assessment determines the agency to be in the "low risk" category.

d. Any employee *or volunteer* with abnormal TB screening results must receive a follow-up medical evaluation by a physician. Such employees may not have any contact with clients until a physician has determined that they do not have contagious TB. The employee must provide copies of the medical reports, chest radiograph results or verification of completed treatment to the agency to keep in the employee's personnel file.
e. Any employee *or volunteer* exhibiting signs or symptoms consistent with TB must be evaluated by a physician within 72 hours and cannot return to work until determined by the physician to be non-infectious.

4. **Documentation of TB Screening Results.**
   **a.** TST documentation will include the date of the test (i.e., month, day, year), the number of millimeters of induration (if no induration, document "0" mm) **and** interpretation (i.e., positive or negative).
   **b.** IGRA documentation will include the date of the test (i.e., month, day, year), the qualitative results (i.e., positive, negative, indeterminate or borderline) and the quantitative assay (i.e., Nil, TB and Mitogen concentrations or spot counts). Indeterminate or borderline results indicate an uncertain likelihood of M. tuberculosis infection and should be further evaluated by a physician.

**5.** Please note, if the first step of the two-step TST is negative the employee may begin working with clients (if the TST is dated within 90 days before hire) **but must have the second TST test within 21 days after hire.**
Retrieved on 1/19/2017 from:
http://www.health.state.mn.us/divs/fpc/homecare/providers/faq.html

**Clarification of the two-step TST:**
The first step of the two-step TST is to have an injection of tuberculin purified protein derivative (PPD) into the inner surface of the forearm, wait for 48 to 72 hours, and have the skin test reaction read. The second step of the two-step TST is to repeat this test seven to 21 days after the first TST is read. This two-step approach is used to reduce the likelihood that a boosted reaction to a subsequent TST will be misinterpreted as a recent infection. A diagram of the two-step TST can be view on the MDH website.