

Tuberculosis (TB) Guidelines for Adult Care Home June 2013

Survey, Certification, and Credentialing Commission; Kansas Department for Aging and Disability Services
TB Control Program, Bureau of Disease Control and Prevention, Kansas Department of Health and Environment

The following guidelines are based on

CDC's "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005"
available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>

1. New Resident and New Employee - Initial Tuberculosis Symptom Screen and TB Infection Testing

A. Symptom Screen

Each **new resident** and **new employee** shall have an **initial** TB symptom screen that includes the components of the Tuberculosis Symptom Screen Questionnaire within seven days of residency or employment or at the time of administration of the tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). If the resident or employee exhibits signs and symptoms of TB, the individual shall be referred immediately to a physician, advanced practice registered nurse, physician's assistant, or the local health department. The employee shall not return to work until released by the physician, advanced practice registered nurse, or physician's assistant. If the resident is diagnosed with active TB, the resident shall be transferred from the facility unless it has a TB infection control program consisting of administrative controls, environmental controls, and a respiratory protection program as directed by the CDC Guidelines.

B. TB Infection Testing

- (i)** Each **new resident** and **new employee** shall receive a two-step TST or an IGRA for *Mycobacterium tuberculosis* within seven days of residency or employment unless one of the following conditions is met:
 - (a)** The new resident or new employee provides documented evidence of a previous positive TST or positive IGRA, including the date the TST was administered or laboratory test drawn, the test results, the findings of anterior-posterior and lateral view chest x-rays and physician documentation confirming that the individual does not have active TB. Additional x-rays are not required unless the resident or employee has developed symptoms of tuberculosis (e.g. weight loss, cough, fever, etc.).
 - (b)** The new resident or new employee provides satisfactory documentation of receiving the two-step TST or IGRA within six months prior to residency or employment that read not positive.
- (ii)** If a **new employee** provides a satisfactory documentation of receiving a single TST within six months prior to employment that read not positive, the employee shall only be required to have a single TST within seven days of employment.
- (iii)** The following conditions do not exempt a **new resident or new employee** from receiving the TST or an IGRA
 - (a)** The new resident or new employee previously receives the Bacillus Calmette-Guerin (BCG) vaccine.

- (b) The new resident or new employee is pregnant, as pregnancy is not a contraindication for receiving a TST or an IGRA according to CDC guidelines.

2. Resident & Employee - Annual Tuberculosis Symptom Screen Review & Tuberculosis Infection Testing.

A. Symptom Screen

Each **resident** and **employee** shall have an **annual** TB symptom screen that includes the components of the Tuberculosis Symptom Screen Review Questionnaire. If the resident or employee exhibits signs and symptoms of TB, the individual shall be referred immediately to a physician, advanced practice registered nurse, physician's assistant, or the local health department. The employee shall not return to work until released by the physician, advanced practice registered nurse, or physician's assistant. If the resident is diagnosed with active TB, the resident shall be transferred from the facility unless it has a TB infection control program consisting of administrative controls, environmental controls, and a respiratory protection program as directed by the CDC Guidelines.

B. Tuberculosis Infection Testing

Each **resident** and **employee** shall have a TST or an IGRA at intervals based on the facility's risk classification.

3. Resident & Employee - Special Circumstances - Tuberculosis Symptom Screen & Tuberculosis Infection Testing

A. Resident or Employee Absence from Facility

- (i) Each **resident** shall have a TB symptom screen questionnaire completed upon return from a hospitalization or a therapeutic leave. If the resident exhibits signs and symptoms of TB, the individual shall be referred immediately to a physician, advanced practice registered nurse, or physician's assistant, or the local health department. If the resident is diagnosed with active TB, the resident shall be transferred from the facility unless it has a TB infection control program consisting of administrative controls, environmental controls, and a respiratory protection program as directed by the CDC Guidelines.
- (ii) Each **employee** shall have a TB symptom screen questionnaire completed upon return from an extended leave of absence or a leave of absence involving travel out of the country. If the employee exhibits signs and symptoms of TB, the individual shall be referred immediately to a physician, advanced practice registered nurse, or physician's assistant, or the local health department. The employee shall not return to work until released by the physician, advanced practice registered nurse, or physician's assistant.
- (iii) If a returning **resident** or **employee** has positive findings on the TB symptom screen and has had exposure to an individual with active TB, the resident or employee shall have a TST or an IGRA completed immediately and be referred to a physician or the local health department. The facility must also contact the Local or State Public Health Officials and cooperate with their TB Contact Investigation.
- (iv) If a returning **resident** or **employee** does not have positive findings on the tuberculosis symptom screen and has had exposure to an individual with active tuberculosis, the resident or employee shall have a skin test or an IGRA 8 to 10 weeks after exposure to the individual with active tuberculosis. The facility must also contact the Local or State Public Health Officials and cooperate with their TB Contact Investigation.

B. Declared shortage of TST solution

Facilities shall follow the recommendations for TB symptom screening and TST provided by the Kansas Department of Health and Environment when a declared shortage TST solution exists.

4. Procedure for Tuberculosis Infection Testing

A. Tuberculosis Skin Test (TST)

- (i) The first TST shall be read within 48-72 hours of its administration. If the first TST is read as not positive, a second TST shall be administered within one to three weeks. The second TST shall be read within 48-72 hours of its administration. If the TST is not positive, the resident is considered to not have active TB. (Refer to CDC's Classification of the Tuberculin Skin Test Reaction' presented in CDC's Fact Sheet "Tuberculin Skin Testing, October 2011", available at <http://www.cdc.gov/tb/?404;http://www.cdc.gov:80/tb/publications/factsheets/testing/skintesting.html> Any TST not read within 72 hours shall be repeated.
- (ii) If the individual's first TST test is read as **positive** in accordance with the classification of TST reaction and the individual's symptom screen is **negative**, a second TST shall not be administered. The individual shall be referred immediately to a physician for further evaluation. The employee shall not return to work until released by a physician, advanced practice registered nurse, or physician's assistant. If the resident is diagnosed with active TB, the resident shall be transferred from the facility unless it has a TB infection control program consisting of administrative controls, environmental controls, and a respiratory protection program as directed by the CDC Guidelines.
- (iii) If the second TST is read as **positive** in accordance with the classification of TST reaction and the individual's symptom screen is **negative**. The individual shall be referred immediately to a physician further evaluation. The employee shall not return to work until Released by a physician, advanced practice registered nurse, or physician's assistant. If the resident is diagnosed with active TB, the resident shall be transferred from the facility unless it has a TB infection control program consisting of administrative controls, environmental controls, and a respiratory protection program as directed by the CDC.

B. Interferon Gamma Release Assay

If a sample of the resident's blood is drawn in the adult care home, the home should have policies and procedure that include the following:

- (i) Blood shall be drawn according the manufacturer instruction specific to the brand of IGRA testing chosen and submitted to a laboratory equipped to process the tests.
- (ii) All laboratory shipping requirements for the processing of the tests must be followed to assure accuracy of the test results.

5. Required Documentation in Resident's Clinical Record or Employee's File

Each **resident's clinical record** or **employee's file** shall contain documentation regarding the symptom screen review, skin testing, IGRA, and chest x-rays (if applicable).

A. Symptom Screen Review

- (i) Completed Tuberculosis symptom review questionnaire, including required signatures and dates.
- (ii) Follow up of any positive findings.

B. Two-step TST

- (i) Name and address of entity where testing took place.
- (ii) Date each TST was administered.
- (iii) Date each TST was read.
- (iv) Result of each TST in millimeters (mm) of induration.
- (v) Signature of representative verifying the two-step STS was administered and read.

C. Single TST

- (i) Name and address of entity where testing took place.
- (ii) Date the TST was administered.
- (iii) Date the TST was read.
- (iv) Result of test in millimeters (mm) of induration.
- (v) Signature of representative verifying the TST was administered and read

D. IGRA

- (i) Name and address of the laboratory that performed the test.
- (ii) Date of test.
- (iii) Laboratory test result.

E. Chest Radiography (when applicable)

- (i) Name and address of entity where chest radiography took place.
- (ii) Date chest x-ray performed.
- (iii) Interpretation of chest x-ray.
- (iv) Printed or typed name of interpreter of the chest x-ray.

6. Reporting Positive Tests

All positive test results shall be reported to the local health department or to the Kansas Department of Health and Environment, Tuberculosis Section (785) 296-5589 or via facsimile (785) 291-3732 within the specified timeframes as indicated in K.A.R. 28-1-2, K.A.R. 28-1-4 and K.A.R. 28-1-18.

7. Facility Risk Assessment, Education, and Screening

- A. The administrator or operator shall ensure the facility's TB infection control program is developed based on the facility's TB risk assessment, which shall be updated at least annually.
- B. The administrator or operator shall ensure ongoing evaluations are conducted to determine if there is a change in circumstances that may affect the facility's risk for transmission of M. tuberculosis.
- C. The administrator or operator shall ensure that policies are developed and procedures implemented for the screening and testing of residents and employees based on the facility's level of risk. The CDC's "Tuberculosis (TB) risk assessment worksheet" available at: http://www.cdc.gov/tb/publications/guidelines/AppendixB_092706.pdf may be used as a guide for conducting the facility's risk assessment. The regional rate of TB incidents may be obtained from the KDHE TB Control 7850296-5589.
- D. Licensed nurses in the facility who administer TST and interpret the results shall be competent in the task.
- E. All employees shall receive education on signs and symptoms of TB, mode of transmission, and prevention upon employment and at least annually.

8. Contract staff.

The administrator or operator shall ensure that documented evidence from the employment agency of two-step a TST or an IGRA, annual TB symptom screen, and annual TB education is maintained by the facility for any contract staff working in the facility.

9. Volunteers.

The administrator or operator may follow these guidelines for volunteers.

TUBERCULOSIS SYMPTOM SCREEN QUESTIONNAIRE

Complete per TB Guidelines for ACH. **Resident:** Initially upon Admission, Annually, Upon return from hospitalization and therapeutic leave of absence (LOA). **Employee:** Initially upon Admission, Annually, Upon return from extended LOA, and LOA involving travel outside USA.

Resident/Employee Name _____

Position/Title _____

Yes	No	1. Have you experienced any of the following symptoms in the past year?
		a. Productive cough longer than 3 weeks in duration
		b. Unexplained weight loss
		c. Persistent low fever
		d. Excessive fatigue
		e. Coughing up blood
		f. Shortness of breath
		g. Chills
		h. Severe night sweats
		2. Have you ever been told that you have active TB?
		3. Have you ever had contact with anyone with active TB?
		4. Have you ever traveled or lived outside of the country for three months or greater?

Please provide further details to any "yes" answers.

If you answered "yes" to Question 4.

a. When did you travel or live outside of the country for three months or greater?

b. Where did you travel or live outside of the country for three months or greater

Resident (or Resident's Legal Representative) or Employee Signature

Date

Reviewer's Signature and Title

Date