

Policy: Tuberculosis (TB) Screening: HealthCare Worker

ORGANIZATIONAL: Affects two or more departments.							
Folder	Organizational Choices: Infection Prevention			Sub-Folder (If Applicable)	n/a		
Original Effective Date	10/22/2019	Scope	What departments does this policy apply to? State "All" as is may apply to the entire organization. all				
Approved (Approver/Date)	CNO: 9/22/19, IPC: 10/8/19 HR: MDPRC:10/8/2019						
Last Reviewed/ Revised Date	10/22/2019	OSHA Category (If Applicable)	II	Standard (If Applicable)	n/a	Number of pages	5

PURPOSE: *Why does this policy exist?*

To provide guidance for Tuberculosis testing of HealthCare Workers; including applicants for employment or appointment to the Medical Staff, or persons seeking privileging authorization with SoutheastHEALTH.

GUIDELINES: *What are some general statements regarding the use of the policy?*

SoutheastHEALTH will follow the Center for Disease Prevention and Control recommendations for testing and screening of HealthCare Workers and/or applicants.

PROCEDURE: *Include: Definitions, Equipment, Process, and Documentation*

HealthCare Worker: any person that is on the payroll or does business as a representative of SoutheastHEALTH. This includes Contract Staff, Medical Staff, Limited Health Practitioner, and Physician Paramedical HealthCare Workers, Volunteers.

Applicants: any person seeking employment or appointment to the Medical Staff, or persons seeking privileging authorization with SoutheastHEALTH.

Interferon Gamma Release Assay (IGRA): whole-blood tests that can aid in diagnosing Mycobacterium tuberculosis infections. They do not help differentiate latent tuberculosis infection (LTBI) from tuberculosis disease. Two IGRAs have been approved by the U.S. Food and Drug Administration (FDA) are commercially available in the U.S.: QuantiFERON-TB Gold In-Tube test (QFT-GIT) or T-SPOT.

PPD: a skin test method used to diagnose LTBI. Purified Protein Derivative.

BCG Vaccination: bacilli Calmette-Guerin is a vaccine for tuberculosis (TB) disease. Many individuals from areas where TB is endemic may have been vaccinated. There is variable effectiveness in adult populations for the prevention of active pulmonary TB and may interfere with the tuberculin skin test reactivity.

New HealthCare Workers

Individuals seeking employment, appointment, or privileges at SoutheastHEALTH will have baseline Tuberculin testing completed at the application process. If an individual has had a negative test within the prior 12 months, they will be ask to provide documentation. Persons with a positive PPD or IGRA in the prior 12 months will provide:

- Documentation of a chest x-ray
- Documentation of preventative medication including start and completion dates
- Signs and symptoms review

Individuals seeking employment, appointment, or privileges at SoutheastHEALTH who have a positive IGRA or PPD (including individuals who have received BCG) during the application process will be required to:

- Have a chest x-ray
- Follow-up with an Infectious Disease Physician (Occupational Medicine to schedule the appointment)
- Complete preventative medication regime as determined by the Infectious Disease physician.
- Occupational Medicine to follow the individual until completion of treatment.

All positive PPD or IGRA will be reported to the local public health department per the Missouri Department of Health and Senior Services mandatory reporting requirements.

Current HealthCare Workers

All HealthCare Workers and those individuals holding privileges and/or appointment to the Medical Staff of SoutheastHEALTH will complete an annual signs and symptoms form during the annual influenza vaccination clinic. In the event the individual reports having one or more sign or symptom of Tuberculosis, they will follow up with Occupational Medicine and referral to Infectious Disease physician if indicated. The HealthCare Worker will be followed by Occupational Medicine until completion of treatment as determined by the Infectious Disease physician.

Exposure

Individuals who have been exposed to an active case of TB disease will have serial testing by either the IGRA or PPD as recommended by the Centers for Disease Prevention and Control. Any individual that has a conversion from a negative PPD/IGRA to a positive PPD/IGRA will be managed by Occupational Medicine and Infectious Disease.

REFERENCES: *What resources are used to support the policy and procedure?*

Centers for Disease Control and Prevention; Division of Tuberculosis Elimination. (2016, May 4). *Fact Sheets*. Retrieved from Tuberculosis (TB): <https://www.cdc.gov/tb/publications/factsheets/prevention/bcg.htm>

Centers for Disease Control and Prevention; Divsion of Tuberculosis Elimination. (2016, May 4). *Fact Sheets*. Retrieved from Tuberculosis (TB): <https://www.cdc.gov/tb/publications/factsheets/testing/igra.htm>

Missouri Department of Health and Senior Services. (2016, May). *Diseases and Conditions Reportable in Missouri (19CSR 20-20.020)*. Retrieved September 17, 2019, from Communicable Disease Surveillance: <https://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/pdf/reportablediseaselist2.pdf>

Sosa, L., Njie, G., Lobato, M., & al, e. (2019). *Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019.*
doi:<http://dx.doi.org/10.15585/mmwr.mm6819a3>

Attachments: (Label as Appendix A, B, C, etc.)

SoutheastHEALTH
TB SCREENING FORM

NAME (PRINT) _____ AGE: _____
 DEPT NAME _____
 PHONE: WORK _____ CELL/HOME _____
 EMPLOYEE # _____ CONTRACT EMPLOYEE# _____ VOLUNTEER _____ MED STAFF _____ OTHER _____

Tuberculosis Screen:

History of Positive PPD/IGRA ___ YES ___ NO If yes, did you complete treatment? ___ Date completed _____

Signs/Symptoms Screening-Check YES/NO as appropriate

QUESTION-PLEASE COMPLETE	YES	NO
1. Cough lasting for more than three (3) weeks		
2. Unexplained fever		
3. Night sweats		
4. Unexplained weight loss		
5. Coughing up blood		
6. Chest pain		

If I develop any of the above symptoms, I agree to contact Occupational Medicine at (573)986-4404.

Signature: _____

TB Screening Process

