


Policies and Procedures Residential and Assisted Living Communities		
Policy Title: TB Screening and Testing		
Policy Number: HR	Effective Date: 3/01/2011	
Approved By: Kevin Cox		
		Revision Date:
		Page Number: Page 1 of 3

## POLICY

To prevent the spread of mycobacterium tuberculosis (TB), the community will conduct TB screening and testing and will institute infection control measures for any positive TB symptoms and testing results, where required by state/federal regulation (currently Washington State only). The community will report and make records available to the appropriate health agency.


## DEFINITIONS

1. TB-[\*mycobacterium tuberculosis\*](#) is a disease that usually affects the lungs. TB disease can cause death if untreated.
2. TST-tuberculin skin test is the standard method of determining whether a person is infected with mycobacterium tuberculosis.
3. IGRA- interferon-gamma release assay is a blood test to detect mycobacterium tuberculosis.
4. Induration- palpable, raised, hardened area or swelling that can occur after the TST is administered.

## PROCEDURES

Unless the employee meets the requirements for having no skin testing or only one skin test (refer to [table 1](#)), a two-step TST will be conducted within three days of hire. If the employee declines a TST, the employee will be required to complete an interferon-gamma release assay (IGRA).

1. Within the first three days of hire the community nurse will administer the first step of the TST. This test is accomplished by injecting a small amount of tuberculin into the inner surface of the forearm. Test results must be read by the nurse within 48 to 72 hours of the injection. If the results are not read within the noted time frame the test must be immediately repeated.
2. If the results are negative (refer to [table 2](#)) the nurse will schedule the second step testing within 7 to 21 days of when the first results were read. Again, the results of the second TST must be read within 48 to 72 hours of injection.
3. If the TST results of either step results in a positive reaction (refer to [table 2](#)) a chest x-ray will be scheduled within seven days at the community's expense.
4. If the employee's chest x-ray is indicative of TB, the employee will be referred to a healthcare provider for further evaluation and/or treatment.

Policies and Procedures Residential and Assisted Living Communities		
Policy Title: TB Screening and Testing		
Policy Number: HR	Effective Date: 3/01/2011	
Approved By: Kevin Cox		
		Revision Date:
		Page Number: Page 2 of 3

5. Common symptoms of active disease in the airway include:
  - a. Coughing for more than three weeks
  - b. Loss of appetite
  - c. Unexplained weight loss
  - d. Night sweats and/or fever
  - e. Bloody sputum
  - f. Hoarseness
  - g. Fatigue
  - h. Chest pain
6. If an employee reports a documented history of a previous TST of 10mm or more induration or evidence of adequate therapy or completion of treatment for TB, no additional TST will be performed. History information will be gathered and the local public health provider will be notified for consultation.
7. If there is any indication of positive TB the community will:
  - a. Submit a report immediately to the appropriate public health provider;
  - b. Follow the infection control and safety measures established by community policy or the public health provider; and
  - c. Apply work restrictions where staff may be infectious and pose a risk to others.

#### **RELATED POLICIES/REFERENCES**

1. Health and Safety, Infection Control, Policy Title- *“Assisting a Resident at Risk for TB”*
2. Health and Safety, Infection Control, Policy Title- *“Community TB Risk Assessment and Prevention Program”*

#### **FORMS**

1. [Employee TB Test Record](#)

#### **RETENTION GUIDELINES**

Employee Test Record-Washington State requires 2 year retention post employee separation from company.


Policies and Procedures Residential and Assisted Living Communities		
Policy Title: TB Screening and Testing		
Policy Number: HR	Effective Date: 3/01/2011	
Approved By: Kevin Cox		
		Revision Date:
		Page Number: Page 3 of 3

Table 1. Indications for two-step tuberculin skin test (TST)

SITUATION	RECOMMENDED TESTING
No previous TST result	Two-step baseline TST
Previous negative TST result (documented) <b>more than</b> 12 months prior to employment	Two-step baseline TST
Previous negative TST result (documented) <b>less than</b> 12 months prior to employment	Single TST needed for baseline testing; this test will be the second step
Previous documented positive TST result	No TST-perform symptom screen and x-ray
Previous undocumented positive TST result*	Two-step baseline TST
Previous BCG± vaccination	Two-step baseline TST

\*For newly hired employees and persons who will be tested on a routine basis (e.g. residents), a previous TST is not a contraindication to a subsequent TST, unless the test was associated with severe ulceration or anaphylactic shock, which are typically rare, adverse events.  
±Bacille Calmette-Guérin

Table 2. Classification of the Tuberculin Skin Test Reaction

Induration of 5 or more millimeters is considered positive in	An induration of 10 or more millimeter is considered positive in
-HIV infected persons	-Residents and employees of congregate settings, i.e. Nursing Homes, Assisted and Retirement Living
-A recent contact of a person with TB disease	-Recent immigrants (less than 5 years) from high prevalence countries
-Persons with fibrotic changes on chest x-ray consistent with prior TB	<b>Recommend Follow-up:</b> community will schedule x-ray for TB evaluation. If results are negative review symptoms of TB with employee for monitoring. If positive contact local public health provider.
-Patients with organ transplants	
<b>Recommended Follow-up:</b> refer to the employee's physician for evaluation	