

POLICY & PROCEDURE



TITLE: Tuberculosis Exposure Control Plan				
Scope/Purpose: To ensure transmission risk of mycobacterium tuberculosis to patients and staff is minimized and CDC and OSHA guidelines are followed.				
Division/Department: All Clinics			Policy/Procedure #:	
Original Date: August 2015			_X_ New ___ Replacement for:	
Date Reviewed:	Date Revised:	Implementation:	CPIC Approved:	Board Approved:
		01/27/2016	01/27/2016	
Responsible Party: Director of Nursing				

DEFINITIONS:

Health Care Workers (HCWs) – All paid and unpaid persons in health-care settings who have the potential for exposure to Mycobacterium tuberculosis through air space shared with persons with infectious TB disease. All HCWs who have duties that involve face to face contact with patients with suspected or confirmed TB disease should be included in a TB screening program.

Latent tuberculosis infection (LTBI) – A person with LTBI has the bacteria Mycobacterium tuberculosis present in their body as evidenced by a significant reaction to the tuberculin skin test, but is currently not exhibiting symptoms of active TB disease and does not have a chest xray suggestive of TB disease. A person with LTBI cannot transmit the infection.

TB Screening – Process that includes questions about TB symptoms and history of diagnostic procedures such as TB skin test, Quantiferon lab draw, CXRs, physical exam or treatment of TB.

Tuberculin Skin Test (PPD test) – Diagnostic test that involves placing a measured amount of purified protein derivative intradermally and assessing the skin reaction forty-eight (48) to seventy-two (72) hours after the test.

Interferon-Gamma Release Assays (IGRAs) - Whole-blood tests that can aid in diagnosing *Mycobacterium tuberculosis* infection.

- IGRA test advantage is that prior BCG vaccination does not cause a false-positive reading.
- Disadvantage of IGRA test is that it does not differentiate latent tuberculosis infection (LTBI) from tuberculosis disease.
- Quantiferon®-TB Gold In-Tube test (QFT-GIT) is the IGRA used at HealthPoint.

BCG Vaccine - Bacille Calmette-Guerin, is a vaccine for tuberculosis (TB) disease. Many foreign-born persons have been BCG-vaccinated to prevent childhood tuberculous meningitis.

POLICY: Effective Tuberculosis Exposure Control results from the collaborative efforts of administration, providers and staff. The purpose of this program is to control occupational exposure to TB bacteria through:

1. Risk Assessment and Exposure Classification
2. Employee Health Surveillance
3. Patient Health Surveillance and
4. Identification of Risk (Containment of possible or suspected patient TB cases)
5. Compliance with Infection Control Practices and Engineering Controls
6. Training and Education

PROCEDURE:

A. Risk Assessment and Exposure Determination Rating:

1. Using the Texas Department of State Health Services (DSHS) Tuberculosis Risk Assessment, each clinic manager in collaboration with the Director of Nursing or Employee Health Nurse will perform an annual TB risk assessment that identifies the
 - a. Prevalence rate and number of tuberculosis cases (locally and regionally).
 - b. Annual number of clinic patients diagnosed with TB from a medical exam
 - c. Annual number of clinic patients treated with active TB
 - d. Volume of employees or patients who have emigrated from areas of the world with high rates of TB (per Centers for Disease Control)
2. The Medical Director, in collaboration with the Clinic Manager, will classify the facility's category of risk for TB transmission as low, medium or high per the DSHS Tuberculosis Risk Assessment
3. Risk Assessments and Exposure Determination Rating will be:
 - a. Performed annually
 - b. Reported to the Compliance and Performance Improvement Committee (CPIC) and revised per committee recommendations
 - c. Utilized to determine the time frame for staff TB testing (hire only or annual)
 - d. Utilized to determine 'best practices' related to patient TB screening

B. Employee Health Surveillance and intervention post exposure:

1. TB screening will be:
 - a. Conducted upon hiring for new employees, interns, externs, and contract staff.
 - b. Performed annually for all staff, interns, externs, contract staff and volunteers
 - c. Reviewed by the Employee Health Nurse or Director of Nursing
2. TB skin tests will be administered upon hire. The employee health nurse or his/her designee will interpret skin test results and submit documentation which will be maintained in the employee's health folder.
3. IGRA (Quantiferon blood test) OR chest xray will be ordered per medical director and staff agreement when:
 - a. Staff has a history of positive TB skin test or severe allergy to PPD

- b. Staff refuses TB skin test
 - c. Staff has a 10mm induration reading 48 (forty-eight) to 72 (seventy-two) hours post administration of a TB skin test
 - d. Staff reports active symptoms of TB greater than three (3) weeks duration during the year or with annual TB questionnaire. (Symptoms being; chronic abdominal pain, weight loss, fever and/or chills, night sweats, loss of appetite, prolonged cough, bloody sputum, breathing difficulty, or chest pain).
 - e. Staff has an exposure incident
4. Repeat TB skin tests and repeat CXR will not be ordered UNLESS staff:
 - a. Reports symptoms of TB or
 - b. Has an exposure event
 5. PPD skin tests will be performed one week, then twelve (12) weeks post a staff exposure event. Should the PPD test be positive, a CXR or Quantiferon lab test will be ordered by the Medical Director.
 6. Staff with positive Quantiferon tests or positive CXR will be referred to their physician or the Health Department. Employment will be restricted until treatment is received and/or their infectious status cleared. Documentation of tests and treatment and non-infectious status will be maintained in the employee's health folder.

C. Patient Health Surveillance and Intervention:

1. TB screening will occur:
 - a. During all Well Child Exams
 - b. When signs and symptoms of TB are reported or witnessed
 - c. Upon patient report of exposure or request
2. TB skin tests will be performed:
 - a. At patient request
 - b. When determined as appropriate by provider due to patient symptoms or report of exposure.
3. Patients will be referred to:
 - a. Hospital or their provider for x-rays to rule out TB
 - b. Health Department to treat suspected or confirmed TB

D. Containment of possible or suspected TB cases

1. Staff will be proactive in noticing patients who are coughing and will do the following to promote containment of any infection:
 - a. Provide tissues to the patient
 - b. Instruct patients on how to cover mouth and nose when coughing or sneezing and dispose of used tissues in a lined trash receptacle and instruct on HAND WASHING.
 - c. Place a patient that coughs excessively and/or has productive cough in a clinic room as soon as possible. Provide the patient with a mask.

- d. Clean clinic area as much as possible once the potentially infectious patient leaves the area (dispose of any tissues left about, wipe down table and equipment with alcohol wipes or other cleaning solution).
2. Should the patient report exposure to TB, or report symptoms of TB (diagnostic testing will be ordered or referral will be made to local health department for treatment).
3. Confirmed cases of TB will be reported to TSDS 800-705-8868 within one work day as required by DSHS 'Notifiable Conditions' regulations.

E. Compliance with Infection Control Practices and Engineering Controls

1. All staff shall receive training on standard precautions and personal protective equipment on hire, annually and PRN should monitoring rounds identify actual or potential issues with non-compliance with infection control practices.
2. Housekeeping staff shall be trained on routine environmental cleaning. Facilities manager will obtain documents from Housekeeping indicating staff have been trained on routine environmental cleaning.
3. Clinic staff shall be trained on routine environmental cleaning.
4. Clinic staff will be additionally trained on disinfection practices for equipment and clinic exam rooms.
5. Office Managers will make formal monthly environmental rounds to ensure a safe / clean environment. Rounds findings are forwarded to the Compliance Officer and reviewed in CPIC/Safety Committees.
6. Ventilation systems shall be cleaned, maintained, and functional.

F. Employee Education

Employee Health Nurse or designee will train all staff on TB prevention training on hire and annually. Training will include the following information:

1. Mode of transmission, symptoms, and treatment;
2. The difference between infection and disease;
3. Screening and preventive therapy
4. Persons with increased risk for TB, especially those with HIV
5. Connection between TB and HIV
6. PPE education
7. Instruction in reporting TB suspect or TB case
8. Importance of participating in employee skin testing program and annual surveillance

RELATED POLICY:

**Infection Control – Employee Health
Reporting Communicable Diseases**

REFERENCES:

www.cdc.gov

REQUIRED BY:

ATTACHMENTS/ENCLOSURES:

Employee Health TB Assessment and Screening

POLICY/PROCEDURE TRACKING FORM

TITLE: TB Exposure Control Plan				
Scope/Purpose: To ensure transmission risk of mycobacterium tuberculosis to patients and staff is minimized and CDC and OSHA guidelines are followed				
Division/Department: All clinics			Policy/Procedure #:	
Original Date:			<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement for:	
Date Reviewed:	Date Revised:	Implementation:	CPIC Approved:	Board Approved:
		01/27/16	01/27/16	
Date of Revision		Description of Changes		