WEISMAN CHILDREN'S REHABILITATION HOSPITAL (WCRH)

INFECTION CONTROL MANUAL

SUBJECT: Employee Tuberculosis Screening And Exposure No: EH108

EFFECTIVE DATE: 1/99 Page: 1 of 5

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PURPOSE:

1. Surveillance of all employees who may have contact with patients confirmed/suspected of active Tuberculosis.
2. To maintain a high index of suspicion for tuberculosis and to institute appropriate precautions.
3. To provide specific treatment modalities for employees where indicated.

POLICY:

All full, part-time, per diem, physician, and volunteer staff with a previously documented negative TST reaction will be given a TST as a condition of working at WCRH. Initially a two-step TST will be performed followed annually with symptom questionnaire.

SCOPE AND RESPONSIBILITY:

The Infection Control/Employee Health Professional is responsible for surveillance and monitoring compliance with this policy. In the event of a positive conversion after employment, evaluation and treatment will be provided by Occupational Health.

PROCEDURE:

1. Method of Skin Testing:
    a. Weisman Children's Rehabilitation Hospital will utilize the Mantoux method for tuberculin skin testing.
    b. Tuberculin skin testing will be done before or at the same time as immunization with viral vaccines against measles, rubella (German measles) or mumps or 8 to 12 weeks after such administration. TST will be done before COVID-19 vaccination or 4 weeks after such administration.
    c. The only permissible exclusion from post-offer or follow-up skin testing are:
        i. People with previously documented positive reaction to a tuberculin skin testing.
        ii. People with documented previous or present adequately treated TB disease.

iii. People who completed adequate preventative therapy.

d. People excluded from skin testing due to a prior positive test or past disease will be evaluated for active disease.

2. What Test to Use

a. The Mantoux method using 5 tuberculin units of purified protein derivative (PPD) intradermal injection or a TB blood test (QuantiFERON®-TB Gold Plus (QFT-Plus) and the T-SPOT®.TB test (T-Spot)).

b. All personnel except those excluded in 1.C above will be given a two-step TST for initial post-offer testing.

c. A Risk Assessment will be done annually after the initial two-step TST.

d. If an employee converts from a negative to a positive skin test, the employee will be referred to Occupational Health for treatment and follow-up care.

e. Personnel can have TB skin testing done by an appropriate health care professional other than the facility staff, e.g., the person's private physician, if the skin testing results and any necessary follow-up evaluation are documented and shared with the Infection Control Professional.

3. How to Perform, Interpret, and Follow-up the TST.

a. How to Perform the TST

i. Application, administration, reading, and interpretation of the TST should be done according to the most recent American Thoracic Society and CDC Recommendations. Recommendations at the time of the writing are intradermal injection of 5 tuberculin units of PPD in the dorsal or volar aspect of the arm. Persons with positive skin tests who have had BCG should be evaluated for signs and symptoms of active tuberculosis, but need not receive routine prophylaxis. This determination is made by the physician. The initial two-step TST consists of repeating the TST within 1 to 3 weeks for those people whose initial test was negative. A positive reaction noted 48 to 72 hours after the second part of this two-step process is a boosting phenomenon. The person should not be considered a recent converter. Such persons need to seek evaluation from their own physician prior to being cleared for work. Persons experiencing discomfort such as itching and pain should not apply ice, a band-aid, or steroidal ointment.

b. Interpreting the TST

i. Reading of the skin tests should preferably be done by the Infection Control Professional or their designated surrogates for objectivity and standardization in reading. If unavailable, skin tests may be read by an RN, LPN, or LIP. Despite medical and nursing training, staff reading of their own TST is not an acceptable substitute. Reading is done 48 to 72 hours after injection. If the person does not return for a reading the reading can be done as long as 7 days after application. A reaction is an area if induration (palpable hardness) around the injection site. Redness

(erythema) is not considered part of the "reaction". The indurated area (not any redness) is measured. Evaluation for preventative therapy is indicated. Education includes at least: Timely recognition of signs and symptoms of active TB, a requirement to report these symptoms to the Infection Control Professional, and employees infected with TB should be encouraged to seek HIV counseling and testing.

4. When to Test
    a. Post-offer: All personnel will receive TST#1 at the time of their physical and TST #2 by the Infection Control Professional, except those with a previously documented positive reaction to TST, adequate treatment for TB disease, or completion of adequate preventive therapy. Initial testing should be done using the two-step TST. A 2-step TST performed within the previous 12 months is acceptable. A TST performed within the past 12 months may be counted as step 1.
    b. Routine Repeat Testing: A routine one-step TST for all tuberculin negative employees is not required annually.
    c. Post-Exposure Testing: Personnel exposed to patients with infectious TB for whom adequate infection control procedures have not been taken will be given a TST as soon as possible unless the employee has had a negative skin test within the preceding 3 months. If the skin test is negative, it will be repeated 8 to 10 weeks after the exposure ended.
    d. If the test is positive, the employee will be evaluated by Occupational Health for treatment/follow-up.
    e. Upon discovery of a suspected active case, the Infection Control Professional, with assistance from Department Heads, will develop a list of all personnel and patients who were exposed to the patient suspected of active TB.
    f. If tuberculosis is bacteriologically or pathologically confirmed in the suspected patient, the contact list is activated and sent to the Infection Control Professional. The physician is notified of the exposure.
5. Maintaining Compliance with Employee Testing
    a. Skin testing is mandatory.
    b. Notification of annual health screening is the responsibility of the Infection Control/Employee Health Professional and Department Head.
    c. Refusal to be tested, return for skin test reading, or complete the annual symptom questionnaire is considered incompatible with initial or further employment/affiliation with the facility.
    d. Information on the number of skin tests performed and the number that were positive will be maintained so the incidence of skin test conversion among employees can be determined. This facility-specific information will be used to identify high risk jobs and high risk areas within the facility.

e. A written copy of the facility's policies and procedures for the prevention of TB transmission will be available to employees.

f. In-service education on the prevention and control of TB transmission is given at the time of initial employment and annually via self learning packet or HealthStream thereafter by the Infection Control Professional.

g. All employees with a previously documented positive reaction to the tuberculin skin testing, adequate treatment for TB disease, or completion of adequate preventative therapy will not be given a TST for TB but will complete an annual tuberculosis questionnaire.

6. Record Keeping

   a. The skin test results will be recorded in the person's Medical Record/Employee health file.

   b. The recorded information will include at least:

      i. The date of testing

      ii. The date the test was read

      iii. Site

      iv. The size of the reaction in millimeters

      v. Interpretation

      vi. Follow-up with results if any were required

   c. Records of skin testing results and medical evaluations and treatments are considered employee medical records and will be preserved and maintained for at least the duration of employment plus 30 years in compliance with Occupational Safety and Health Administration (OSHA) Regulation 29 CFR 1910.20.

   d. A positive skin test, except for pre-employment screening, or tuberculosis disease is recordable on the OSHA 300 log because there may be a presumption of work-relatedness in facilities where tuberculosis had been identified as a hazard (i.e., health care facilities, correctional facilities, long-term care facilities, homeless shelters).

   e. All personnel tested may receive a copy of their test results upon written request.

7. Work Restriction for Employees with Suspected or Proven Infectious TB

   a. All health care workers with active or suspected pulmonary or laryngeal TB will be excluded from work until:

      i. Adequate treatment is instituted

      ii. Cough is resolved

      iii. Three (3) consecutive sputum AFB smears are negative

      iv. A physician certifies the patient is no longer infectious

      v. Tuberculosis is ruled out

b. Documentation of the above conditions will be provided to the Infection Control/Employee Health Professional before the employee returns to work.

c. Hospital personnel with tuberculosis at sites other than the lung or larynx do not need to be excluded from work if concurrent pulmonary tuberculosis has been ruled out.

d. Personnel who discontinue treatment before the recommended course of therapy has been completed will not be allowed to work until treatment is resumed, an adequate response to therapy is documented, and they have negative sputum smears for AFB on three (3) consecutive days.

e. An employee who must be removed for the work place because of TB will receive pay and benefits in accordance with worker's compensation, disability, and other applicable laws.

8. Work Restrictions for Employees Receiving Preventative Therapy

a. Health care facility personnel who are otherwise healthy and receiving preventative treatment for tuberculosis infection will be allowed to continue their usual work activities.

b. Hospital personnel who cannot take or do not accept or complete a full course of preventative therapy will have their work situations evaluated to determine whether reassignment is indicated. Work restrictions may not be necessary for otherwise healthy people who do not accept or complete preventative therapy. These people will be counseled about the risk of contracting disease and will be instructed to seek evaluation promptly if symptoms develop that may be due to tuberculosis, especially if they have contact with high-risk patients (such as patients at high risk for severe consequences if they become infected).

REFERENCES:

Centers for Disease Control and Prevention. (2005, December 30). *Morbidity and Mortality Weekly Report:Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005*(54) RR-17. https://www.nj.gov/health/hivstdtb/documents/tb/tb_guideline.pdf

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