



## **TUBERCULOSIS (TB) GUIDELINES FOR ADULT CARE HOMES**

**June, 2013**

The following guidelines are based on the Centers for Disease Control and Prevention's "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Settings, 2005".

### **I. NEW RESIDENT AND NEW EMPLOYEE INITIAL TUBERCULOSIS SYSTEM 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 7 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 CDC guidelines.

#### **B. TB Infection Testing:**

1. Each new resident and new employee shall receive a two-step TST or an IGRA for Mycobacterium tuberculosis within 7 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 employee provide satisfactory documentation of receiving the two-step TST or IGRA within 6 months prior to residency or employment that read not positive.
2. If a new employee provides satisfactory documentation of receiving a single TST within 6 months prior to employment that read not positive, the employee shall only be required to have a single TST within 7 days of employment.
3. 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 received 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.

## **II. RESIDENT AND EMPLOYEE ANNUAL TUBERCULOSIS SYMPTOM SCREEN REVIEW AND 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 CDC guidelines.

### **B. TB Infection Testing:**

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

## **III. RESIDENT AND EMPLOYEE SPECIAL CIRCUMSTANCES –TUBERCULOSIS SYMPTOM SCREEN AND TUBERCULOSIS INFECTION TESTING:**

### **A. Resident or Employee Absence from Facility:**

1. 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 respiratory protection program as directed by CDC guidelines.
2. 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.
3. If a returning resident or employee has positive findings on the TB Symptom Screen Questionnaire 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.
4. If a returning resident or employee does not have positive findings on the TB Symptom Screen Questionnaire and has had exposure to an individual with active TB, the resident or employee shall have a skin test or an IGRA 8 to 10 weeks after exposure to the individual with active TB. The facility must also contact the local or public health officials and cooperate with their TB contact investigation.

### **B. Declared Shortage of TST Solution:**

Facilities shall follow the recommendations for TB symptom screenings and TST provided by The Kansas Department of Health and Environment (KDHE) when a declared shortage of TST solution exists. (*See contact information*).

#### **IV. PROCEDURE FOR TUBERCULOSIS INFECTION TESTING**

##### **A. Tuberculosis Skin Test (TST):**

1. 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 1 to 3 weeks. The second TST shall be read within 48-72 hours of its administration. If the TST is read not positive, the resident is considered to not have active TB. (*Refer to CDC's classification of the tuberculin skin test reaction presented in the CDC's Fact Sheet "Tuberculin Skin Testing", October 2011.*) (See contact information) Any TST not read within 72 hours shall be repeated.
2. 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 CDC guidelines.
3. 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 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 CDC guidelines.

##### **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 procedures that include the following:

1. Blood shall be drawn according to the manufacturer's instructions specific to the brand of IGRA testing chosen and submitted to a laboratory equipped to process the test.
2. All laboratory shipping requirements for the processing of the tests must be followed to assure accuracy of the test results.

#### **V. 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:**

1. Completed Tuberculosis System Review Questionnaire, including required signatures and dates.
2. Follow-up of any positive findings.

##### **B. Two-Step TST:**

1. Name and address of entity where testing took place.
2. Date each TST was administered
3. Date each TST was read.
4. Results of each TST in millimeters (mm) of induration.
5. Signature of representative verifying the two-step TST was administered and read.

C. Single TST:

1. Name and address of entity where testing took place.
2. Date each TST was administered
3. Date each TST was read.
4. Results of each TST in millimeters (mm) of induration.
5. Signature of representative verifying the two-step TST was administered and read.

D. IGRA:

1. Name and address of the laboratory that performed the test.
2. Date of test.
3. Laboratory test result.

E. Chest Radiograph (when applicable):

1. Name and address of entity where chest radiography took place.
2. Date chest x-ray was performed.
3. Interpretation of chest x-ray.
4. Printed or typed name of interpreter of the chest x-ray.

**VI. REPORTING POSITIVE TESTS**

All positive test results shall be reported to the local health department or The Kansas Department of Health and Environment's, Kansas Tuberculosis Control Program within the specific time frames as indicated in KAR 28-1-2, KAR 28-1-4 and KAR 28-1-18.

**VII. 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" (see contact information below) can be used as a guide for conducting the facility's risk assessment. The regional rate of TB incidents can be obtained from KDHE's Kansas Tuberculosis Control Program.
- 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.

**VIII. CONTRACT STAFF/VOLUNTEERS**

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

## CONTACT INFORMATION:

*“Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Settings, 2005”*  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>.

*CDC’s Fact Sheet “Tuberculin Skin Testing”, October 2011,*  
[www.cdc.gov/tb/?404;http://www.cdc.gov:80/tb/publications/factsheets/testing/skintesting.html](http://www.cdc.gov/tb/?404;http://www.cdc.gov:80/tb/publications/factsheets/testing/skintesting.html).

*“Tuberculosis (TB) Risk Assessment Worksheet”*  
[http://www.cdc.gov/tb/publications/guidelines/AppendixB\\_092706.pdf](http://www.cdc.gov/tb/publications/guidelines/AppendixB_092706.pdf) [ixB\\_092706.pdf](http://www.cdc.gov/tb/publications/guidelines/AppendixB_092706.pdf)

*Kansas Department for Aging and Disability Services; Survey, Certification and Credentialing Commission:*  
612 S. Kansas Ave. Topeka, KS 66603; Phone (785) 296-4386; Fax (785) 296-1266

*Kansas Department of Health and Environment; Kansas Tuberculosis Control Program:* 1000 SW Jackson,  
Ste 210, Topeka, Ks 66612; Phone (785) 296-5589; Fax (785) 291-3732

## TUBERCULOSIS SYMPTOM SCREEN QUESTIONNAIRE

Complete the Tuberculosis Symptom Screen Questionnaire according to the tuberculosis guidelines for adult care homes.

Residents: Initially upon admission, annually, return from hospitalization and therapeutic leave of absence.

Employees: Initially upon hire, annually, return from extended leave of absence and leave of absence involving travel outside the country.

Resident/Employee Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

1. Have you experienced any of the following symptoms in the past year?	Yes	No
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 breathe		
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 the country for 3 months or greater?		

If you answered "yes" to any of the above questions, please provide further details below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you answered "yes" to Question 4, please answer a. and b. below:

a. When did you travel or live outside the country for 3 months or greater? \_\_\_\_\_

b. Where did you travel or live outside the country for 3 months or greater? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Resident (or resident's legal representative) or Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewer's Signature and Title

\_\_\_\_\_  
Date