

SECTION 7B: PREVENTIVE EDUCATION AND CLINICAL SAFETY	POLICY: 7B.22
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PURPOSE:

- The Agency Tuberculosis (TB) Exposure Control Plan will maintain compliance with the most current state applicable recommendations and requirements for occupational exposure to TB.

POLICY:

- The Agency will require all staff performing direct patient care to submit documentation confirming the absence of inactive or active Tuberculosis upon hire and thereafter based upon annual risk assessment/analysis.

GENERAL INFORMATION:

- Tuberculosis (TB) is caused by a bacterium called Mycobacterium tuberculosis. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney(s), spine, and brain.
- Those at high risk for developing TB fall into two categories including those that have been recently infected/exposed to TB bacteria and those with medical conditions that weaken the immune system such as HIV infection, substance abuse, Silicosis, Diabetes Mellitus, severe kidney disease, organ transplants, Cancer, medication treatments such as corticosteroids, and other specialized treatments for conditions like Rheumatoid Arthritis or Chron’s disease.
- TB bacteria is airborne and spread through the air via droplets from one person to another. People nearby may breathe in the bacteria and become infected.
- Not everyone infected with TB bacteria becomes ill. As a result, two TB-related conditions exist: Latent TB infection (LTBI) and TB disease. If not properly treated, TB disease can be fatal.
 - Latent TB Infection – TB bacteria can live in the body without causing illness. For most people who are not immunocompromised, they may breathe in TB bacteria, but the body is able to fight the bacteria growing resulting in no symptoms and the inability to spread the bacteria to others. They will have a positive TB skin test and/or positive TB blood test but produce a normal chest x-ray.

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- TB Disease – The immune system is unable to stop TB bacteria from multiplying/growing. People with TB Disease will have symptoms of illness and can potentially spread the disease to others around them. The risk of developing TB Disease is much higher for those with medical conditions that weaken the immune system. Those with TB Disease will have a positive skin and/or blood test, an abnormal chest x-ray, and a positive sputum smear or culture.
- If there is concern of TB exposure, the nurse should contact an MD or local health department to obtain a TB skin test or blood test immediately. The nurse should also notify the Agency. It is important to note that if exposed to TB bacterium, it is not spreadable to other people right away. Only people with active TB Disease can spread TB bacteria to others.
- The general symptoms of TB disease include general weakness or fatigue, unexplained weight loss, no appetite, chills, fever, night sweats, coughing for three weeks or more, and coughing up blood and/or mucus.

PROCEDURE:

- Upon hire, prior to providing hands-on care, all clinical staff **must complete two (2) requirements** to satisfy the TB Exposure Control Plan criteria:
 1. An initial screening questionnaire to consider the most pertinent risk factors for TB bacteria and possible reasons for candidates' inability to provide a skin test.
 - a. The nurse may receive follow-up contact from the Agency to discuss alternate information they can provide to proceed.
 2. A negative TB skin test (or alternate testing as outlined in this policy).

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- There may be medical instances that prevent a nurse from providing a negative skin test and in such cases alternative / additional documentation that confirms proper follow-up and / or treatment has occurred must be provided. These include:

Reason for the inability to provide a Negative TB Skin Test	Alternative Documentation
Previous TB bacteria exposure (History of exposure will always cause a + skin test)	Negative blood test (QuantiFERON-TB Gold)
History of BCG (Bacille Calmette-Guerin) vaccine (History of this vaccine will always cause a + skin test)	Negative blood test (QuantiFERON-TB Gold)
Allergen to tuberculin purified protein derivative (PPD)/TB skin test	Negative blood test (QuantiFERON-TB Gold)
False Positive TB Skin Test	Negative blood test (QuantiFERON-TB Gold)
Previous Latent TB Infection or active TB Disease	Negative Chest X-Ray within 10 years at minimum and any other supporting medical documents

- All clinical staff delivering hands-on care shall be required to complete a screening questionnaire (risk assessment) annually.
 - If the screening is “positive” (indicating one or more pertinent risk factors for TB bacteria exposure or infection) the staff member must adhere to the initial hire requirement by providing a negative skin test (or alternative per policy)
 - If the screening is “negative” (indicating no known risk factors for TB bacteria exposure or infection) the staff member is clear to continue providing hands-on care for another year.
- If a nurse is believed to have been exposed to the TB bacteria as result of duties performed for the Agency, the Agency will assume responsibility for the medical costs associated with follow up testing in accordance with policies [3.5](#), [7A.16](#) and [7B.0](#).