

# MENNONITE VILLAGE POLICY & PROCEDURE

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**TITLE:** TB Screening Non-Nursing Home

**Employee & Volunteers** \_\_\_\_\_

**PROCEDURE NO:** HR 500.19

**REPLACES:** \_\_\_\_\_

**PAGE(S):** \_\_\_\_\_

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## **PURPOSE:**

To identify those employees and volunteers who are at risk for developing tuberculosis.

## **POLICY:**

The Infection Preventionist will annually determine if facility is classified as Low risk, Medium risk or potential ongoing Transmission using the Community TB profile from the previous year.

Most facilities in Oregon are low risk. Low risk = less than 3 TB

## **PROCEDURE:**

New Hire Employee Screening for Low Risk

1. All home care employees, dining services employees and any employee, volunteer or contractor that may work in the nursing home (i.e. have repetitive exposure in a confined space to residents) will receive baseline TB screening upon hire and or promotion into one of the above departments. This should include risk assessment, symptoms screening and two-step TB skin test (TST) or a single QuantiFERON gold blood test. This should be complete within 30 days of hire.
2. All other employees, volunteers and contractors of the Mennonite Village will complete a questionnaire to determine if they are low, medium or high risk for TB.
3. Employees determined to be a medium or high risk will be referred to the Infection Preventionist for a TB skin test.
4. A baseline positive or new positive test result for TB infection or

documentation of treatment for latent TB infection (LTBI) or TB disease should have a chest x-ray within 2 weeks to rule out active TB disease (or an interpretable copy within the past 6 months). If employee is a known positive, should not receive a TB testing but a chest x-ray should be done.

5. If the chest x-ray is positive for TB, notify Human Resources and Infection Preventionist who will follow procedure TB: Personnel with known or suspected TB.

#### Annual Assessment Screenings:

6. An annual TB Assessment will be sent to all employees to ensure no new exposure events have occurred.
7. Repeat chest x-ray is not needed unless clinically indicated (e.g. employee reports symptoms of TB) or an exposure occurs.
8. Personnel with known or suspected TB:
  - Instead of receiving an annual TST, these employees will just need to complete the annual screening each year.