HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: EMPLOYEE TB SCREENING **Effective Date: 11/1/05**
Policy Number: 140 **Med Staff:**
Regulation: CDC & Prevention, Guidelines for Preventing Transmission of Mycobacterium TB in Health Care Facilities, 1994, MMWR 1994:43 (No. RR-13) **Admin:**

I. POLICY

1. A two-step tuberculin skin test (TST) will be utilized to establish baseline TST's on new hires who:
   a) Have never had a tuberculin skin test, or
   b) Have no written documentation of prior testing, or
   c) Have not had a TST within the last 12 months
2. All employees who are known to have a negative PPD (< 10 mm induration) will receive a PPD skin test (Mantoux) every year. Employees who work in high risk areas shall have a record of a TB skin test within 90 days prior to, or within 10 days after beginning employment. TB skin tests shall be repeated annually in all employees at risk for exposure to TB. Where there is documentation of a previous significant skin reaction or record of previous TB infection, no skin test is required.

II. DEFINITIONS

TB = Tuberculosis
TST = two-step tuberculin skin test
PPD = Purified Protein Derivative
CXR = Chest X-ray
AFB = Acid Fast Bacillus
CDC = Centers for Disease Control
mm = millimeter

High risk area personnel are defined as:

1. Surgery
2. Emergency Department
3. Respiratory Therapy
4. Employees who have provided direct patient care or who have been involved in environmental cleaning of patient care areas of patients with known or suspected TB.
5. Clinical laboratory

III. RESPONSIBILITY

Infection Control Nurse and all employees

IV. EQUIPMENT

V. PROCEDURES
INFECTION CONTROL: I

TWO-STEP TB SKIN TEST

1. The purpose of the two-step TB skin test procedure (as recommended by the CDC, TB Control Division) is to help differentiate between two subgroups of employees, both of whom would appear skin test negative if given only one skin test. One subgroup, the never infected ones, and the second subgroup, the previously infected ones who's immunity has waned to levels not detectable with only a single skin test.
2. Giving a repeat skin test to both subgroups within a week of their initial skin test will pinpoint the previously mycobacterium infected employees as a result of the booster effect phenomenon. The second skin test will be positive. Those employees testing positive on the second skin test will demonstrate they have already been infected with mycobacterium prior to employment.
3. Place the first skin test using 0.1 ml 5tu's of Tuberculin PPD intradermally in the left forearm. The new hire is to return in two to three days to have the skin test read for induration. Skin test reading will be recorded in mm in the employee health record.
4. If the first test is negative, the new hire may be cleared conditionally for work pending the results of the second test.
5. The new hire must return one week later for a second TST application given in the right forearm and then again they are to return in two to three days for the second TST reading. If the second reading is negative, the person may be cleared for hire.
6. If the TST is positive, the new hire will receive a CXR. If the CXR indicates no finding of TB disease, the new hire may be cleared to work. He/she will be referred to their primary care provider or to a TB clinic for further medical examination, evaluation, and for possible prophylactic medications.
7. If the CXR indicates findings consistent with TB disease, the new hire will be referred for immediate medical evaluation and treatment. If the diagnosis of active TB disease has been made, the new hire will be delayed in starting work until the following criteria have been met:

   A. The diagnosis of active TB has been ruled out by medical evaluation, or

   B. Active TB disease is diagnosed, treatment is initiated and the new hire is determined to be non-infectious by meeting all four criteria below:

      a) Has had three consecutive negative AFB sputum smears taken on three different days,
      b) Has completed at least two weeks of multi-drug anti-TB therapy if AFB sputum smear was ever positive,
      c) Exhibits clinical improvement, and
      d) Has continued close medical supervision.

      e) All employees known to have a positive PPD and who are in any of the above listed areas must complete the TB questionnaire annually.
8. If the employee answers affirmatively to any questions, a complete evaluation and follow-up

by a physician will be done at no charge to the employee.

9. If the incidence of TB is low in the demography of patients being served by the hospital, the completion of a questionnaire in lieu of a PPD is acceptable.

VI. DOCUMENTATION

TB testing is documented in the employee health record and filed in the Infection Control Nurse office.