**Logo

Description automatically generatedTuberculosis Screening**

**Date Implemented:**

**Review/Updated Date:**

**Policy**

Tuberculosis is the namesake member organism of *M. tuberculosis* complex and the most common causative infectious agent of TB disease in humans.

This organization will establish baseline screening, skin testing procedures, risk assessment, and ongoing surveillance for Tuberculosis for residents and staff.

**Procedures**

Organization:

* Annually, the Infection Preventionist or designee will conduct a TB risk assessment, including the number of persons with infectious TB encountered in the organization or hospital that resulted in the organization or hospital conducting a contact investigation of exposed health care workers or patients during the previous 12 months.
* TB cases include persons who had undiagnosed infectious pulmonary or laryngeal TB while in the facility or hospital during the preceding year. This does not include persons with LTBI (treated or untreated), persons with extrapulmonary TB disease, or persons with pulmonary and laryngeal TB who have met criteria for non-infectiousness.
* The TB risk assessment will determine if ongoing surveillance tuberculin skin tests will be conducted and the frequency of which those tests will be conducted.
  + Low Risk – means that an organization or hospital is one in which persons with active TB disease are not expected to be encountered and in which exposure to TB is unlikely.
  + Medium Risk – means that an organization or hospital is one in which health care workers will or might be exposed to persons with active TB disease or to clinical specimens that might contain M. tuberculosis.
  + Potential On-going Transmission – means that an organization or hospital is one in which there is evidence of person-to-person transmission of M-tuberculosis. This classification is a temporary classification. If it is determined that this classification applies to a facility or hospital, the facility or hospital shall consult with the department of public health’s TB control program.
* Criteria Classification – Low Risk is:
  + Inpatient settings with 200 beds or more. If an organization or hospital has fewer than six (6) TB patients for the preceding year, the facility or hospital staff shall be classified as low risk.
  + Inpatient settings with fewer than 200 beds. If an inpatient setting with fewer than 200 beds. If a facility or hospital has fewer than three TB patients for the preceding year, the facility or hospital shall be classified as low risk.
* Criteria Classification – Medium Risk
  + Inpatient settings with 200 beds or more, if an organization or hospital has fewer than six (6) or more TB patients for the preceding year, the organization or hospital shall be classified as medium risk.
  + Inpatient settings with fewer than 200 beds. If an organization or hospital has three (3) or more TB patients for the preceding year, the organization or hospital shall be classified as medium risk.
* Criteria Classification – Potential Ongoing Transmission – if evidence of ongoing M. tuberculosis transmission exists in the organization, the organization shall be classified as potential ongoing transmission, regardless of the organization or hospital’s previous classification.

Residents:

* Residents shall be screened at baseline for TB by assessing for current symptoms of active TB disease and utilizing a two-test tuberculin skin test (TST) procedure.
* Screening of symptoms shall be conducted on admission and can be completed as part of a comprehensive physical assessment.
* Within 72 hours, the resident shall be given the first TST with reading 48-72 hours following administration of the TST. If the first TST result is positive, the resident shall undergo a chest x-ray to determine the presence of active TB. If the first TST result is negative, the resident shall receive a 2nd TST within 1 to 3 weeks following administration of the first TST.
* If a resident has received at least one TST within the last 12 months, that can count as the first TST and a 2nd can be administered upon admission.
* If a resident has a history of a positive TST, a chest x-ray shall be completed to determine active TB status.
* Once baseline TB screening is completed, residents are not recommended to have serial TB screening regardless of the organizations TB risk assessment outcome.

Staff:

* Upon hire, all staff are required to undergo baseline TB screening, including a symptom assessment and a two-step TST.
* Staff shall complete a self-assessment TB questionnaire upon hire, reporting any symptoms of TB to the organization’s infection preventionist.
* A two-step TST will be conduct on hire, with the first TST given on or before hire. If the first test returns with a positive result, a chest x-ray will be required to determine active TB disease. If the chest x-ray is negative, further testing is not required. If the first TST returns with a negative result, a second TST will be completed within one to three weeks after the first.
* Any staff member with a history of a positive TST and documentation of a negative chest x-ray dated after the date of the positive test does not need another chest x-ray at the time of hire.
* Repeat chest x-rays are not indicated unless ordered by a physician or in the event the staff develops symptoms of active TB infection.
* Serial screening of staff:
  + Organizations classified as low risk do not need to conduct serial TB testing for staff.
  + Organizations classified as medium risk will complete serial TB testing annually, however, a staff member with a previously positive test will only be required to complete a TB symptom screening.
  + Organizations classified as potential ongoing transmission shall receive serial TB testing every eight to ten weeks until lapses in infection control have been corrected and no additional evidence of ongoing transmission is apparent. Once the organization has passed the temporary classification of ongoing transmission, the organization shall be classified as medium risk for a minimum of one year.
  + Serial testing of staff includes a TST and a symptom screening.
* If a staff member can show proof of a TST within the last 12 months, that can be replaced as a step 1 in a 2-step TST, and the organization can begin with a symptom screening and step 2 TST.

**Resources**

DIA. (2019, June 19). Iowa Administrative Code – Inspections and Appeals Department. Chapter 59 Tuberculosis (TB) Screening. <https://www.legis.iowa.gov/law/administrativerules/rules?agency+481&chapter+59&pubDate=06-19-2019>