



Disclaimer

Karen Gregory RN is an employee of Total Medical Compliance.

Karen Gregory is a Hu-Friedy Key Opinion Leader, a consultant for SciCan and serves on the OSAP Board of Directors.

2

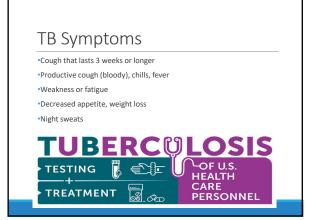


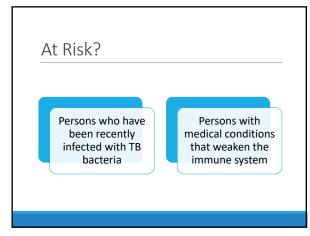
OBJECTIVES

Explain the process for new hire TB evaluation

Discuss management of employees diagnosed with latent TB









Transmission

- •Person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings
- •Germs stay in the air for several hours
- •Breathe in the air containing these germs

7

Latent TB

- •Not symptomatic, or contagious
- •Does not feel ill
- •Positive TB skin test or positive blood test
- •May develop TB disease if not treated
- •Many people never develop TB disease
- inactive for a lifetime without causing disease
- •People with weak immune system are at risk for progression to TB disease

8



TB Infection Control Plan ensures:

- **❖**Detection
- **❖**Protection
- Treatment

TB Infection Control Plan

Assigning oversight for TB infection control

Conducting a TB risk assessment

Developing and implementing a written plan

Availability of recommended laboratory testing and resulting

Effective work practices to manage suspect patients with TB disease

9/12/201

10

TB Infection Control Plan

Cleaning, sterilization, or disinfection of equipment (scopes)

Educating, training, and counseling health care personnel, patients, and visitors

<u>Screening</u>, testing, and evaluating at risk personnel

Using Cover Your Cough posters

Coordinating efforts between health departments and healthcare providers

11

New Guidance

CDC, National Tuberculosis Controllers Association (NTCA)



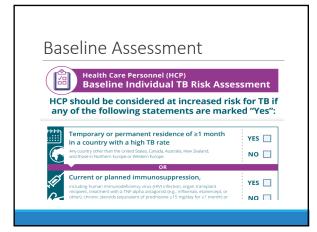
TB risk assessment



Symptom screen



TB blood or skin test for healthcare personne



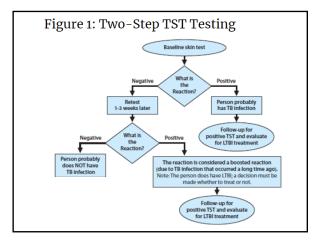
Symptom Screening

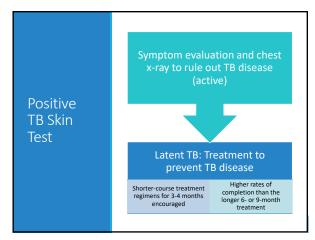
- •Cough that lasts 3 weeks or longer
- •Chest pain
- •Bloody sputum
- •Weakness or fatigue
- •No appetite, weight loss
- •Fever, chills
- •Night sweats



14

Place test, read 48 – 72 hours later Positive skin test: Person's body was infected with TB bacteria and additional tests are needed Negative skin test: This means the person's body did not react to the test If negative, repeat the skin test 1 – 3 weeks later Administering the TB skin test Tuberculin Reading the result of a TB skin test





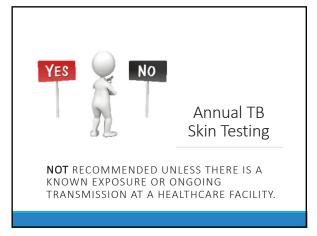
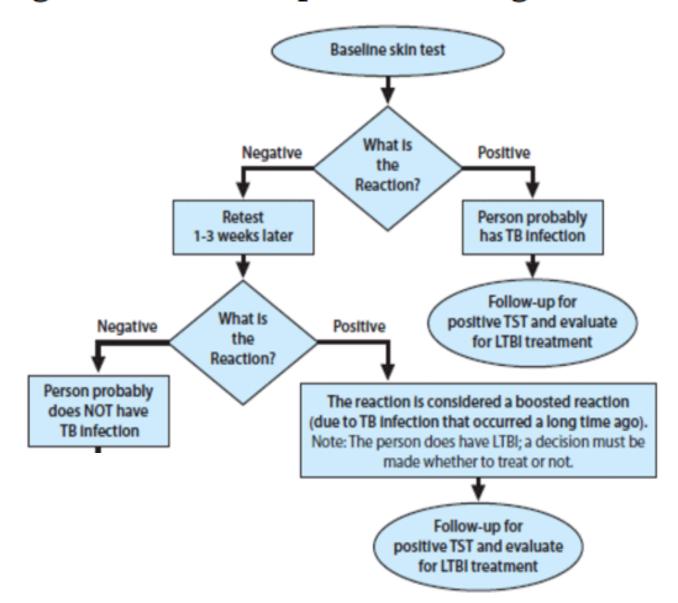


Figure 1: Two-Step TST Testing



SCREENED ANNUALLY FOR SYMPTOMS OF TB DISEASE

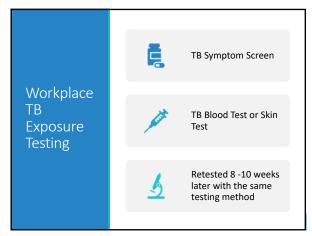
Untreated Latent TB

19

Group	Recommendation	
Contacts to infectious tuberculosis	Screen with IGRA if available	
	These groups take precedence for avail tuberculin	
Persons from medium/high incidence countries	IGRA strongly preferred	
Persons suspected of TB disease	These groups take second priority for a tuberculin	
Persons being screened annually as part of an employee infection control program	Defer screening until tuberculin becom available	Tuberculin
Persons for whom screening is required by NC regulations:	Use an IGRA if resources are available	Shortage
 Staff with direct inmate contact upon employment 	Otherwise defer screening until tubero becomes available	3,13,13,63
 Inmates in the custody of the Department of Corrections (both testing upon incarceration and yearly thereafter) 		
Staff of licensed nursing care homes upon employment		
 Residents upon admission to licensed nursing homes or adult care homes 		
 Staff in adult day care centers providing care to persons with HIV/AIDS upon employment Persons with HIV/AIDS 		
Low-risk persons being tested for administrative purposes	Do not screen	

20

Previous Positive Skin Test	Baseline individual TB risk assessment	
	TB symptom screen upon hire (i.e., preplacement)	
	A repeat TB test (e.g., TB blood test or a TB skin test) is not required	



Websites

State TB Control Offices

https://www.cdc.gov/tb/links/tboffices.htm

CDC Resources – Healthcare Providers

https://www.cdc.gov/tb/topic/infectioncontrol/default.htm

23

Thank you!

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TUBERCULIN SKIN TEST (TST) – Employee

DRAFT

Name Date of Birth				
Recent TST: Yes No				
Test Results:				
Chest film taken for previous positive chest film?				
TUBERCULIN SKIN TEST CONSENT				
I consent to the administration of a tuberculin skin test.				
All of my questions have been answered to my satisfaction. I have adequate knowledge upon which to base my consent.				
SignatureDate				
TUBERCULIN TEST DECLINATION I understand that due to my occupational exposure to Tuberculosis I may be at risk of acquiring Tuberculosis infection. I have been given the opportunity to receive the TST at				

Maintain for duration of employment plus 30 years.

Symptom Review

Bad cough that lasts 3 weeks or longer
Chest Pain
Bloody sputum/phlegm
Weakness or fatigue
Weight loss
Loss of appetite
Chills
Fever
Sweating at night



Health Care Personnel (HCP) Baseline Individual TB Risk Assessment

HCP should be considered at increased risk for TB if any of the following statements are marked "Yes":

Temporary or permanent residence of ≥1 month in a country with a high TB rate Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe	YES NO
OR	
Current or planned immunosuppression, including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication	YES NO
OR	
Close contact with someone who has had infectious TB disease since the last TB test	YES NO

Abbreviations: HCP, health-care personnel; TB, tuberculosis; TNF, tumor necrosis factor.

Individual risk assessment information can be useful in interpreting TB test results (see Lewinsohn DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. Clin Infec Dis 2017;64:111–5).

Adapted from: Risk assessment form developed by the California Department of Health, Tuberculosis Control Branch.

Sosa LE, Njie GJ, Lobato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR Morb Mortal Wkly Rep 2019;68:439–43. https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s cid=mm6819a3 w





In May 2019, CDC and the National TB Controllers Association issued





for health care personnel in the United States.

What are the updated recommendations?

Before starting a new job in a health care setting, all workers and volunteers should receive



TB individual risk assessment



Symptom screening

TB test

An annual TB test is not recommended unless there is a known exposure or ongoing transmission.

All health care personnel should receive TB education every year.

Treatment for latent TB infection (LTBI) is strongly encouraged for health care personnel diagnosed with LTBI.

Shorter treatment regimens should be used.



Who is affected by the new recommendations?

Individuals who work or volunteer in health care settings



Health care settings include

- > Inpatient and outpatient settings
- Laboratories
- > Emergency medical services
- > Medical settings in prisons or jails
- > Home-based health care settings
- > Long-term care facilities



What if my state's regulations are different?

Follow your state's guidance.

For TB regulations in your area, please contact your state or local TB control program.



