



TUBERCULOSIS SCREENING POLICY

Effective Date: August 1, 2019

Approval: Debbie Arnold, Vice-President, Human Resource Operations

Policy Initiated by: Human Resources Shared Services

Application: Enterprise

PURPOSE

To prevent, identify, and control the transmission of *Mycobacterium tuberculosis* (TB), a disease in the healthcare environment. To comply with recommendations from the Centers for Disease Control and Prevention (CDC) and the National Tuberculosis Controllers Association-CDC work group.

POLICY

CHRISTUS Health requires all Covered Individuals who work in a CHRISTUS Healthcare Facility to follow the procedure within this policy related to tuberculosis education, screening, and exposure follow-up. These requirements apply regardless of their direct or indirect exposure to patients, unless specifically specified. These requirements are a condition of employment for CHRISTUS Health Associates and apply regardless of any direct or indirect exposure to patients, unless specifically specified.

DEFINITIONS

1. Covered Individuals – individuals subject to this policy include:
 - a. CHRISTUS Health Associates
 - b. Physicians, credentialed staff, or other licensed independent practitioners (LIPs) with privileges to a Healthcare Facility
 - c. Non-employed individuals providing patient care or services under a contract
 - d. Contract staff
 - e. Students
 - f. Vendors
 - g. Volunteers
2. Healthcare Facility - Any patient care facility including acute care hospitals, outpatient clinics, urgent care centers, long-term care facilities, skilled nursing facilities,

rehabilitation hospitals, home health agencies, emergency medical service areas, senior living facilities, and any other clinical setting.

PROCEDURES

1. Baseline (pre-employment) Screening and Testing
 - a. All Covered Individuals will have a baseline TB screening, including an individual risk assessment (Appendix A) and symptom evaluation. The risk assessment and symptom evaluation guide decisions when interpreting test results.
 - b. Individuals with a positive screening test who are asymptomatic and at low risk for progression based on their risk assessment may require a second test to confirm the initial positive results.
 - i. If utilizing TB skin test for initial baseline, confirmation will be needed using either an additional skin test or blood test.
 - ii. If utilizing blood test for initial baseline, no additional confirmation is needed.
 - iii. If utilizing two-step baseline testing, with confirmation of initial positivity using a T-spot test, no additional confirmation is needed.
2. Post-exposure Screening and Testing
 - a. After known exposure to a person with potentially infectious TB disease without use of adequate personal protective equipment, exposed Covered Individuals shall have a timely symptom evaluation and additional testing, if indicated.
 - i. Exposed individuals will be identified by unit directors following notification by Infection Prevention and Occupational Health of an exposure event.
 - b. Exposed individuals without documented evidence of prior latent tuberculosis infection (LTBI) or TB disease shall be tested for TB to establish a post-exposure baseline.
 - i. Prior TB test results will be acceptable as baseline if completed within one month of exposure.
 - c. Healthcare personnel with documented evidence of prior LTBI or TB disease do not need another test of infection after exposure. These individuals shall have further evaluation if a concern for TB disease exists.
 - d. Exposed individuals with an initial negative test shall be retested 8-10 weeks after the last exposure using the same testing methodology as the initial baseline test.
 - e. Covered Individuals who are not compliant with these procedures will be subject to disciplinary action up to and including suspension from work.
 - i. Timing for expected completion is based on notification of exposure for baseline testing or 8-10 weeks after for retesting.

- ii. Not completing testing within two weeks of expected retest date will result in a written warning.
 - iii. Not completing testing within 3 days of receiving the written warning will result in suspension from work until they meet the post-exposure requirements.
- 3. Serial screening and testing for Covered Individuals without LTBI
 - a. In the absence of known exposure or evidence of ongoing TB transmission, Covered Individuals without LTBI will not undergo routine serial TB screening or testing at any interval after baseline testing (e.g., annual).
 - b. CHRISTUS facilities may consider using serial TB screening of certain groups who might be at increased occupational risk for TB exposure or in certain settings where transmission of TB has occurred in the past.
 - i. Identification of such groups are made in conjunction facility Infection Preventionists and documented using risk assessment tools.
 - ii. The decision to perform TB testing after baseline is based on the Covered Individual's risk for TB exposure at work or elsewhere since their last test.
 - c. All Covered Individuals will receive annual training on TB, including risk factors, signs, and symptoms.
 - i. Training will include specific instructions to Covered Individuals on what to do if there is a concern for active TB infection based on these risks, signs, and symptoms.
 - ii. Covered Individuals will be encouraged to discuss any potential occupational or non-occupational TB exposures with their primary care physician and the occupational health nurse.
 - iii. All Covered Individuals will complete a TB symptom screening questionnaire annually. Questionnaires will be reviewed by Occupational Health for potential follow-up if responses suggest symptoms consistent with TB disease.
- 4. Evaluation and treatment of health care personnel with positive test results
 - a. The local health department will be notified by facility Infection Prevention if TB disease is suspected in any Covered Individual. Timing requirements for reporting is in accordance with state Health Department notifiable condition requirements.
 - b. Covered Individuals with a confirmed newly positive test result shall undergo a symptom evaluation and chest radiograph to assess for TB disease, with additional workup as needed.
 - c. Covered Individuals with a prior positive TB test and documented normal chest radiograph do not require repeat radiograph unless they are symptomatic or starting LTBI treatment.
 - d. Covered Individuals with LTBI and no prior treatment will be strongly encouraged to complete appropriate LTBI treatment through a primary care physician.

- i. If treatment is not completed, annual symptom evaluation will be completed to detect early evidence of TB disease and to reevaluate the risks and benefits of LTBI treatment.
- ii. During this evaluation, education regarding signs and symptoms of TB disease that should prompt immediate evaluation between annual symptom screenings will also be given.