

TRAINING UPDATE

Lab Location: All
Department: Mgmt & LIS

Date Distributed: 7/1/2015
Due Date: 7/15/2015
Implementation: 7/15/2015

DESCRIPTION OF REVISION

Name of procedure:

Tuberculosis Prevention Program GEC / SGAH / WAH.SA19 v1

Description of change(s):

Section 3: replace EHS manager with lab director

Section 4: add EHS

Section 5: outline process to identify exposed staff

This revised SOP will be implemented on July 15, 2015.

Document your compliance with this training update by taking the quiz in the MTS system.

Approved draft for training (version 1)

Non-Technical SOP

Title	Tuberculosis Prevention Program	
Prepared by	Bryan Mason	Date: 2/25/2011
Owner	Lori Loffredo	Date: 2/25/2011

Laboratory Approval		
Print Name and Title	Signature	Date
<i>Refer to the electronic signature page for approval and approval dates.</i>		
Local Issue Date:		Local Effective Date:

Review:		
Print Name	Signature	Date

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1. PURPOSE

The purpose of this procedure is to reduce the risk of employee infection due to *Mycobacterium tuberculosis* (*M. tuberculosis*).

2. SCOPE

The following employee groups are affected by this program:

Employee Group	Job Duty	Risk
Sample Preparation	Receipt and processing of specimens	Low
Laboratory	Plating of specimens	Medium
Phlebotomist	Direct patient contact, handling of specimens	Low

3. RESPONSIBILITY

Department management is responsible for ensuring compliance in the respective departments to the requirements of this SOP.

The ~~Manager, EHS~~ **Regional Laboratory Director** is responsible for review and revision if needed of this SOP.

4. DEFINITIONS

TB – *Mycobacterium tuberculosis*
 EHS – Environmental Health and Safety

Form revised 3/31/00

5. PROCEDURE

a. Specimen handling/acceptance

Specimen types collected by phlebotomists and handled by the laboratory are sputum, bronchial washings, and other types of body fluids.

- 1) Specimens submitted to the laboratory shall be submitted in leak and puncture resistant primary containers, provided to the health care provider by the laboratory.
- 2) Sputums and bronchial washings must be submitted in a sterile urine cup, which are contained in a secondary zip-lock plastic bag.
- 3) Specimen handling requirements for staff plating specimens are outlined in the Standard Operating Procedure (SOP) *Specimen Processing for Microbiology*.

b. ~~Patient Contact~~/Phlebotomy

Phlebotomists will adhere to all hospital standards and requirements in regards to respiratory hazards; including the use of personal protection equipment (including respiratory protection equipment) in isolation suites and other designated areas.

c. Quantiferon TB Gold Program

- 1) Quantiferon TB Gold testing is required for all new employees and on an annual basis for all employees. ~~in the lab and phlebotomists.~~ The business unit EHS department will initiate the annual testing process.
- 2) The TB status of all employees is kept confidential.
- 3) Quantiferon TB Gold tests will be administered by Quest Diagnostics ~~Nichols Institute Chantilly's EHS department nursing staff, or a Health Care Provider designated by the EHS department nursing staff.~~
 - a) The employee must complete all required fields on a Lab Requisition provided by EHS specialist.
 - b) Blood specimens collected at the hospital sites can only be drawn on certain days and during specific times. Refer to the LIS for specific information.
 - c) Specimens may also be collected at a QD Patient Service Center (PSC).
 - d) Employees may request their test results by contacting the EHS
- 4) If an employee is known to be tuberculin positive or if a Quantiferon TB Gold test is found to be positive, the employee will be drawn for a second test to confirm.
 - a) If the second test is negative, no further action is required.
 - b) If positive for the second test, the employee is asked to complete a health history evaluation form, and the employee will be referred by the EHS Specialist for a posterior/anterior (PA) chest x-ray examination. If the chest x-ray examination is negative, no further studies will be necessary, unless there is subsequent contact with a case of infectious TB or there is development of chronic cough persisting for four weeks or more.

- 5) All positive results, either Quantiferon TB and/or x-rays, must be reported to the EHS Specialist. Positive cases will either be directed to the employee's personal health care provider or to a Quest Diagnostics ~~Nichols Institute Chantilly~~ selected physician, depending on the circumstances of the case and pursuant to an agreement between the employee and the company.
- 6) All employees having active cases of TB will be removed from duty until a licensed physician has cleared them for duty. Employees who have lost time due to active TB must have a physician's return to work authorization before they may return to active duty. A copy of the employee's return to work authorization will be kept in the employee's ~~confidential medical record for a period of length of employment plus 30 years~~ personnel file in accordance with the requirements of the *QD Records Management Program*.

d. Employee exposure to TB containing material (post exposure prophylaxis)

The primary route of infection for TB in humans is by inhalation (breathing in of the bacteria contaminated aerosol through the nose and/or mouth into the pulmonary system). Infection via non-intact skin (cuts, punctures), ingestion (through the mouth into the stomach) and through the mucous membranes are secondary routes of infection, and are not believed to be as high risk as through inhalation.

- 1) Identifying staff for possible exposure
 - a) Provide patient identification and service dates to LIS staff. LIS personnel create a report of phlebotomists that drew patient in that time frame.
 - b) Field Ops manager / supervisor notify individual staff, ensure QD Incident Report(s) are completed and coordinate all follow up.
 - c) Confidentiality must be observed throughout the process.
- 2) Follow up
 - a) If you are exposed to a biological material that known or is believed to be contaminated with TB, ~~you must notify Chantilly Employee Health~~ Hospital Occupational Health, Infection Control and Baltimore Safety Officer must be notified within 24 hours via a written Incident Report form.
 - b) ~~The EHS Specialist~~ Hospital Occupational Health will perform the following tests (upon receipt of the written incident report):
 - Perform a baseline Quantiferon TB Gold test on the exposed individual. This shows the employees original health status in reference to TB infection;
 - Perform a second Quantiferon TB Gold test on the exposed individual 12 weeks after the date of exposure.
 - If the second Quantiferon TB Gold test is negative, a final Quantiferon Gold test will be performed on the exposed individual at 6 months after the date of reported exposure.
 - c) If the third Quantiferon TB Gold test is negative and the employee does not exhibit signs or symptoms of TB infection, the case will be closed. If the employee develops signs or symptoms of TB infection anytime during the

monitoring period, the employee will be sent to a licensed Health Care Professional for consultation and possible treatment.

- d) All results from the post exposure prophylaxis are medical records and, as such, will be treated as confidential. Records shall be kept [in the employee's personnel file in accordance with the requirements of the QD Records Management Program](#). ~~by EHS for a period of length of employment plus 30 years~~

6. RELATED DOCUMENTS

Specimen Processing for Microbiology, Microbiology procedure
[Preparation of Incident Reports, Safety procedure](#)
[Quest Diagnostics Records Management Program](#)

7. REFERENCES

US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, **National Center for HIV STD and TB Prevention**, Division of Tuberculosis Elimination: *Core Curriculum on Tuberculosis: What the Clinician should Know*, 2000

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes Tuberculosis Prevention Program, dated 3/6/2002		
000	6/12/15	Section 3: replace EHS manager with lab director Section 4: add EHS Section 5: outline process to identify exposed staff Section 6: update titles Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	L Barrett	L Loffredo

9. ADDENDA AND APPENDICES

None