

TRAINING UPDATE

Lab Location: GEC, SGMC & WAH
Department: All staff

Date Distributed: 6/6/2017
Due Date: 6/28/2017
Implementation: 6/28/2017

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:
Tuberculosis Prevention Program SGAH.SA19 v2 Note: this has been converted to a system SOP
Description of change(s):
<p><i>The SOP has been revised to describe the process we followed last year for annual quantiferon testing</i></p> <p>Section 4: add EHS COE</p> <p>Section 5: edit sample handling to reflect practice, update requisition process, add history form required annually for known positive</p> <p>Section 9: add medical history form</p> <p>This revised SOP will be implemented on June 28, 2017</p>

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

Non-Technical SOP

Title	Tuberculosis Prevention Program	
Prepared by	Bryan Mason	Date: 2/25/2011
Owner	Robert SanLuis, Stephanie Codina	Date: 5/31/2017

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

TABLE OF CONTENTS

1. PURPOSE..... 2
 2. SCOPE 2
 3. RESPONSIBILITY..... 2
 4. DEFINITIONS..... 2
 5. PROCEDURE..... 3
 6. RELATED DOCUMENTS 5
 7. REFERENCES 5
 8. REVISION HISTORY 5
 9. ADDENDA AND APPENDICES 6

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
Specimen Processing	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 Laboratory Services Director is responsible for review and revision of this SOP as needed.

4. DEFINITIONS

TB – *Mycobacterium tuberculosis*
 EHS – Environmental Health and Safety
 EHS COE – Environmental Health and Safety Center of Excellence

Form revised 3/31/00

5. PROCEDURE

A. Specimen handling/acceptance

~~Phlebotomist collected blood specimens.~~ Specimen types ~~collected by phlebotomists~~ and handled by the laboratory are blood, urine, 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. Sputum 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. 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. All employees will be evaluated for TB upon hire and annually thereafter. ~~The business unit EHS department~~ Laboratory management will request testing from the EHS COE (submit a list of employee names and ID numbers to EHSCOE@QuestDiagnostics.com)
2. The TB status of all employees is kept confidential.
3. Quantiferon TB Gold tests will be administered by Quest Diagnostics.
 - a. The employee must complete all required fields on the provided 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.
 - 1) If the chest x-ray examination is negative, no further studies will be necessary, unless there is subsequent contact with a case of infectious

- or more.
- 2) If the chest x-ray is positive, the employee will be referred to the State Health Department for clearance.
 - 3) **Known positive employees are required to complete a health history evaluation form each year.**
5. All positive results, either Quantiferon TB and/or x-rays, must be reported to the **EHS COE**. Positive cases will either be directed to the employee's personal health care provider or to a Quest Diagnostics 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 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. Laboratory personnel will avoid entering rooms of patients who are on respiratory precautions. Blood bank staff members will not perform blood administration audits on patients who have known or suspected TB.
2. Identifying staff for possible exposure
 - a. Provide patient identification and service dates to LIS staff. LIS personnel create a report of phlebotomists that drew the patient during 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.
3. Follow up
 - a. If you are exposed to a biological material that is known or is believed to be contaminated with TB, Hospital Occupational Health, Infection Control and Baltimore Safety Officer must be notified within 24 hours via a written Incident Report form.
 - b. 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*.

6. RELATED DOCUMENTS

Specimen Processing for Microbiology, Microbiology procedure
 Incident Reporting and Post Exposure Prophylaxis, 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
1	5/31/17	Update owner Header: add other sites Section 4: add EHS COE Section 5: edit sample handling to reflect practice, update requisition process, add history form required annually for known positive Section 9: add medical history form	L Barrett	R SanLuis

Form revised 3/31/00

9. ADDENDA AND APPENDICES
Employee Documentation of Signs or Symptoms of TB

Employee Documentation of Signs or Symptoms of TB

To be completed annually by an employee who has a potential for occupational exposure to M. tuberculosis **and** who has documented TB treatment, a positive TST or BAMT (e.g. QuantiFERON® Gold), **and** a normal chest x-ray or a BCG vaccination in the last 5 years (for TSTs only).

Employee Name _____

Date _____

Location _____

- Have you had a cough that lasted longer than three weeks? Yes No
- Do you cough up blood or mucous? Yes No
- Have you lost your appetite? Yes No
- Have you lost weight (more than 10 pounds) in the last two months without trying? Yes No
- Do you have night sweats? Yes No
- Have you been treated for TB?
If yes, when? _____ Yes No
- Have you been told you have TB?
If yes, when? _____ Yes No

Employee signature _____

Date _____

No further testing needed (All NO answers)

Further testing required; (Any Yes answers)

Refer to the Medical Director for review and referral

Supervisor signature _____

Date _____

EHS coordinator signature _____

Date _____