

POLICY MANUAL

Subject: TB Surveillance

Effective Date: 3/1/95

Initiated By: Cinde Stewart Freeman

Approved By: Dr. William Anderson

Review Dates: 2/97 CSF, 11/08 NC, 7/11 NC
10/12 NC, 10/13 NC, 11/15 NC

Revision Dates: 11/21/95 CSF; 2/99 CSF,
5/05 JL, 12/06 JH, 11/14 NC, 9/16 DM

POLICY:

Cumberland Heights maintains a TB surveillance program to protect the health status of patients, employees, and visitors, in accordance with applicable local, state, and federal laws.

PROCEDURE:

Employees

1. Employees are administered a tuberculin skin test at the time of hire, upon possible exposure, and annually in October. All staff will have either a negative TB read or a negative chest x-ray by the 3rd week of October to be in compliance. An exception is made to these guidelines for staff that have had a chest x-ray within the last year, if documentation can be produced.
2. All non-compliant employees will not be able to return to work until test is completed. The first business day of the 4th week of October an email will go to the Directors of all non-compliant staff alerting them they have until October 31st to have a negative TB read. On the first business day of November an email will be sent to Human Resources and Directors alerting them who cannot return to work until a negative TB read is documented or a negative chest x-ray is documented.
3. Those employees with a history of a positive reading are required to have two consecutive annual chest x-rays with negative findings. If such an employee becomes symptomatic, two additional consecutive annual chest x-rays with negative findings are again required. Those employees needing a chest x-ray can use the provider of their choice or be directed to a service which has an agreement to bill Cumberland Heights.
4. If the employee has been diagnosed with active tuberculosis in the past and completed treatment or has converted positive in the past and received prophylaxis treatment, they do not need a chest x-ray.
5. If a staff member is pregnant and their OB/GYN deems the testing to place the staff at risk, a physician note must be obtained to be in compliance.
6. Testing is done via nursing. All results, from both internal and external providers, are maintained by the Director of Nursing designee. Employee records include date and type of tuberculin skin test used, lot number, expiration date, date of results, date and results of chest x-rays and any follow-up treatment rendered.

7. Any employee who is determined to have been exposed to active TB will be tested at the time of exposure and three months afterwards. In addition, the employee will meet with the Medical Director or physician designee who will advise of what symptoms the employee should be aware.
8. Those employees converting to a positive skin test result without a prior history of a positive test will be referred to the contracted employee health clinic or their private physician for follow-up care. Documentation of further testing and results are to be kept on file by the Director of Nursing. Employees who are suspected to have or diagnosed with active TB are not allowed to return to work until cleared by a physician.

Patients

1. A tuberculin skin test is administered at the time of residential admission. Those patients with a history of positive TB tests will be asked to have a chest x-ray or provide proof of one taken with the last year.
2. If a tuberculin skin test converts to positive, the patient is placed in isolation and the physician is contacted for an order to maintain the isolation and to order a chest x-ray. The patient is educated on TB and the reasons for isolation. The patient remains in isolation until the results of the chest x-ray are in. If the results are negative, the physician is notified and the patient is released from isolation. If the results are positive, the physician is notified in order to send patient to an appropriate medical facility for follow-up.
3. Any residential patient determined to have active TB will be placed in the appropriate isolation as ordered by the physician until transfer arrangements can be made as Cumberland Heights does not treat patients with respiratory communicable diseases.
4. Outpatients complete a Tuberculosis Screening Assessment prior to admission. Any patient with a history of exposure or history of a positive tuberculosis skin test is required to have a skin test by their physician within the first week of treatment. Any questionable results require follow up and clearance by the physician in order to return to group.
5. Suspected or diagnosed cases of TB are reported to the Lentz Public Health Department via provisions of an ancillary service provider agreement in accordance with the Federal Confidentiality Law. In addition, these cases are tracked via the monthly Infection Control reports submitted to the QM Office.