SUSQUEHANNA COMMUNITY HEALTH & DENTAL CLINIC, INC.

Tuberculosis Exposure Control Plan

Policy Category: 5.0.9 – Operational Policies
Policy Owner (s): Clinical Operations Manager
Origination Date: 2/2/2018
First Date Approved by Board of Directors:

Purpose: The Susquehanna Community Health and Dental Center is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the Tuberculosis Exposure Control Plan is provided to eliminate or minimize occupational exposure to Tuberculosis (TB).

Policy:

Risk Assessment and Exposure Determination Rating

1. RVH&DC will follow recommendations from the Centers for Disease Control and Prevention's (CDC) *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005* to determine exposure risk.
2. All healthcare workers that could have face-to-face contact with suspected or confirmed TB shall be part of the TB screening program. Therefore, RVH&DC shall include all employees in the TB screening program.
3. RVH&DC shall perform a TB Risk Assessment annually using the TB Risk Assessment worksheet from appendix A of the *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005.* The tool shall be used to determine the Center's risk for TB exposure and provide guidelines for Center readiness and best practices for employee screening for TB.

Definitions:

Active Tuberculosis Disease: TB bacteria can overcome the defenses of the immune system and begin to multiply, resulting in the progression from latent TB infection to TB disease. Some people develop TB disease soon after infection, while others develop TB disease later when their immune system becomes weak. Persons with TB disease are considered infectious and may spread TB bacteria to others. If TB disease is suspected, persons should be referred for a complete medical evaluation. If it is determined that a person has TB disease, therapy is given to treat it. TB disease is a serious condition and can lead to death if not treated.

Latent Tuberculosis Infection: A person with LTBI has the bacteria Mycobacterium tuberculosis present in their body as evidenced by a significant reaction to the tuberculin skin test, but is currently not exhibiting symptoms of active TB disease and does not have a chest xray suggestive of TB disease. A person with LTBI cannot transmit the infection.

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Tuberculin Skin Test (TST): Also known as PPD, the tuberculin skin test is a diagnostic test that involves placing a measured amount of purified protein derivative intradermally and assessing the skin reaction forty-eight (48) to seventy-two (72) hours after the test.

TB Screening: Process that includes questions about TB symptoms and history of diagnostic procedures such as TST, Quantiferon lab draw, chest x-ray, physical exam or treatment of TB.

Interferon-Gamma Release Assay (IGRA): Whole-blood tests that can aid in diagnosing Mycobacterium tuberculosis infection.

- IGRA test advantage is that prior BCG vaccination (a vaccine for TB disease) does not cause a false-positive reading.
- Disadvantage of IGRA test is that it does not differentiate latent tuberculosis infection (LTBI) from tuberculosis disease.
- Quantiferon®-TB Gold In-Tube test (QFT-GIT) is one IGRA that is used.

Process:

A. Employee Screening for TB

1. All new employees shall complete a 2-step TST upon hire using the following procedure:

   Two-Step Test: Two-step testing with the Mantoux tuberculin skin test (TST) should be used for baseline or initial testing. Some people with latent TB infection have a negative reaction when tested years after being infected. The first TST may stimulate or boost a reaction. Positive reactions to subsequent TSTs could be misinterpreted as a recent infection.

   Step 1

   a. Administer first TST.
   b. Read Step 1 in 48-72 hours.
      - If negative, Step 2 is administered in 1-3 weeks.
      - If positive, step 2 is not given. Employee is send to the Workcenter for evaluation of TB disease with chest x-ray (CXR) or IGRA (Quantiferon blood test). If active TB disease is confirmed, the employee shall be referred to their primary care physician or the PA Dept. of Health for evaluation. Employment will be restricted until treatment is received and/or their infectious status cleared.

   Step 2

   a. Administer TST within 1-3 weeks of a negative Step 1.
   b. Read Step 2 within 48-72 hours.
      - If negative, employee is cleared to begin employment
      - If positive, employee is send to the Workcenter for evaluation of TB disease with CXR or IGRA. If active TB disease is

confirmed, the employee shall be referred to their primary care physician or the PA Dept. of Health for evaluation. Employment will be restricted until treatment is received and/or their infectious status cleared.

2. The employee health nurse or his/her designee will interpret skin test results and submit documentation which will be maintained in the employee's health folder.

B. Serial TB Testing for Employees

1. Employees will not be re-tested unless:
    - Employee reports symptoms of suspected TB
    - An exposure incident occurs within the Center

C. Post-exposure

1. If an exposure incident occurs within the Center a contact investigation will be performed by the Clinical Operations Manager.
    - Staff exposed to the suspected TB case will receive a TST within 1 week
    - A second TST will be administered at 12 weeks post-exposure
    - Should the first or second TST be positive, the employee will complete a TB symptom surveillance form and be referred to the Workcenter for a CXR or IGRA blood test.
    - Staff with positive CXR or IGRA will be referred to their primary care physician or the PA DOH for evaluation. Employment will be restricted until treatment is received and/or their infectious status cleared. Documentation of tests and treatment and non-infectious status will be maintained in the employee's health folder.

D. Containment of Possible/Suspected TB Cases

1. If a patient is identified as having or suspected of having active TB disease:
    - The patient shall be placed in Procedure Room 1 with the door closed.
    - A mask will be provided to the patient until an evaluation by the PCP can be completed.
    - Staff will don a surgical mask until the patient is evaluated by the PCP.
    - PCP may order testing and suspected cases of TB shall be reported to the PA DOH as required by the CDC.
    - RVH&DC does not have the capability to safely isolate a patient suspected of active TB disease. The Center does not have any exam rooms with negative pressure airflow. Any patient suspected of active TB disease will be removed

from the Center as soon as possible following best practice guidelines. This may include rapid transfer to the hospital via EMS.

E. Employee Training

1. Staff will receive training upon hire and annually regarding infection control and PPE.
2. Staff will receive training upon hire and annually regarding TB risk and exposure, symptoms of active TB disease, and treatment of patients with suspected TB.

Signatures:_____ _____ _____

President/CEO Board Chair Date