Tuberculin (TB) Skin Testing Policy

Company Policy:

It is our policy to provide early identification and prophylactic treatment of staff who convert a TB skin test and to help prevent the spread of nosocomial TB among patient/residents, families, visitors, and staff.

Policy Explanation and Compliance Guidelines:

1. New Staff Testing:

   a. At the time of employment, during the initial immunization and screening evaluation, all new staff, including those with a history of Bacille Calmette-Guerin (BCG) vaccination (the Medical Director shall determine the strength of Purified Protein Derivative (PPD) used for BCG vaccine recipients) and pregnancy, shall receive two (2) Mantoux TB Skin Tests given two (2) weeks apart ("two-step testing") unless:

      (1) A previously positive TB skin test reaction is reported, OR
      (2) Evidence of completion of adequate therapy for active TB is reported, OR
      (3) Two (2) negative TB skin tests within the past twelve (12) months, the more recent within the last three (3) months, can be documented.

   b. All initial and follow-up TB skin tests shall be administered and interpreted by a trained healthcare provider on our staff, or any licensed physician.

   c. No one may interpret his/her own test. Tests shall be interpreted according to current Centers for Disease Control and Prevention (CDC) guidelines. If a designated reader detects redness, swelling, or anything other than an injection-site bruise at the testing site, they must refer the staff member to the Medical Director for a confirmation reading.

   d. New staff with a documented history of a positive TB skin test, or adequate treatment for active TB, or preventive therapy for latent TB infection, shall be exempt from further TB skin testing. A chest radiograph will be required at the time of hire unless, within the last six (6) months, a chest radiograph with no evidence of active pulmonary disease can be documented.

   e. It is the responsibility of any such TB skin-test exempt staff member who develops symptoms suggestive of TB (persistent cough, bloody sputum, night sweats, weight loss, anorexia, or fever) to report his/her condition to the director of nursing services immediately.

2. Current Staff Testing:

   a. All staff previously TB skin-test negative will submit to periodic retesting as follows:

      (1) Retesting will be conducted at least annually.
(2) Staff who are occupationally exposed to a patient/resident with infectious TB or who are designated as being at **high risk** for TB infection by the Infection Control Committee will resubmit to testing in three (3) months of exposure or designation.

(3) Staff who are designated at being at **intermediate risk** for TB infection by the Infection Control Committee will resubmit to retesting every six (6) months.

(4) By designation of the Infection Control Committee, staff in certain departments without direct patient/resident contact may be exempt from mandatory annual retesting. The director of nursing services will maintain a listing of these departments. Annual TB skin testing will be available to any staff requesting same.

b. All initial and follow-up TB skin tests shall be administered and interpreted by a trained facility health care provider, or a licensed physician. No one may interpret his/her own test.

c. Tests shall be interpreted according to current CDC guidelines. If a designated reader detects redness, swelling, or anything other than an injection-site bruise at the testing site, they must refer the staff member to the Medical Director for a confirmation reading.

d. All staff with documented history of a positive TB skin test, or adequate treatment for active TB, or preventive therapy for latent TB infection, shall be exempt from further TB skin testing. Any such current staff member who has never had a chest radiograph while employed by our facility will submit to chest radiograph at the request of the evaluation of the Medical Director.

e. It is the responsibility of any such skin-test exempt staff member who subsequently develops symptoms suggestive of TB to report his/her condition to the director of nursing services immediately.

3. **Compliance With This Policy:**

   a. Proof of compliance is a requirement of the annual performance review.

   b. Skin Test results will be necessary for recredentialing.

   c. Failure to comply with this policy may result in disciplinary action.