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| TUBERCULOSIS SCREENING | | | | NO. | |
| PURPOSE:  To provide guidance in accordance with Public Health Rules on Tuberculosis screening.  STATEMENT OF POLICY:  It is the policy of this facility that new employees and new residents receive a 2 step Mantoux on hire or admission. In the event someone has had a positive reaction to the Mantoux previously a chest x-ray must be done. (Positive reactors will not be required to have an annual chest x-ray if they are asymptomatic). These practices will provide a starting baseline.  Annually, the facility will complete the Tuberculosis (TB) Risk Assessment Worksheet for healthcare facilities due to being considered a low risk setting. The staff and residents will not be required to have an annual TB test, but will complete the Annual Tuberculosis Screening Questionnaire.  OBJECTIVES:   1. Understand the proper amount, procedure and follow up for giving tuberculosis screening tests. (ppd) 2. Understand when and how to read a tuberculosis tests and document in the record. 3. Understand what the signs of possible active disease are. 4. Understand when an x-ray must be taken if ppd is contraindicated. 5. Understand what is to be done if an exposure occurs.   Administration:   1. 0.1 ml purified protein derivative standard (ppd) 2. Given intradermally on the inner aspect of the forearm to form a 6-10 mm wheal. 3. This is called a two-step method because we give two tests to confirm negative. 4. The first test is given within 72 hours of admission to the facility. 5. The test is read 48 to 72 hours after being administered. 6. The results are recorded in Milligrams. If the test is negative it is recorded as OMM. 7. Residents are assessed for prior allergy to the tuberculin testing and if present should have a chest x-ray on admission or prior. 8. The second test will be administered 1week to 21 days after the initial dose.   Reading TB tests results:  The results of the test depend on the size of the skin reaction and on the person being tested.  Small reaction (5mm of firm swelling at the site) is considered to be positive in people:   * Who have HIV * Who are taking steroid therapy * Who have been in close contact with a person who has active TB | | | | | |
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| Large reactions (greater than or equal to 10 mm) are considered positive in:   * People with diabetes or kidney failure * Health Care workers * Injection drug users   Positive reactions:  In people with no known risk factors, a positive reaction means there is a 15 mm or more firm swelling at the site.  Chest X-Rays:   1. Chest x-rays do not have to be done yearly. 2. Evaluation of the residents/employee physical condition and potential for active TB consists of the following symptoms:  * Fatigue * Fever * Weight loss * Night sweats * Cough or hemoptysis   Review the policy and procedure for exposed residents or employee action:   1. Repeat testing upon exposure and at 10-12 weeks after. 2. If positive, obtain a chest x-ray 3. Never give another TB test to a positive resident or staff member. 4. Advise staff to seek medical attention and/or resident have attending physician evaluate and treat as needed. 5. If the chest x-ray is abnormal, obtain afb (acid fast bacilli tests) 6. Notify the infection control nurse and state health department for action within 24 hours of a positive reaction. | | | | | |
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