

BCHS
HOME FOR THE AGED
TB
SCREENING STANDARDS
FOR
RESIDENTS
&
EMPLOYEES

Objectives

- What Is TB
- Symptoms of TB
- Public Health TB Screening strategy
- HFA resident screening by rule
- HFA Employee screening by rule
- Center's for Disease Control Guidelines
- TB prevalence by Michigan county
- What is my role?
- How can I comply?

WHAT IS IT?

- Mycobacterium Tuberculosis, in its ACTIVE state is a highly transferable bacterial lung infection.
- A healthy human body fights TB by encapsulating infection in the lungs and rendering it inactive.
- Encapsulated infection is known as “LATENT” and can remain dormant for years. In the LATENT stage the disease is not transferrable to others.
- Non encapsulated infection is known as “ACTIVE” and requires monitored treatment of the disease. During the ACTIVE stage the disease is highly contagious.
- An infected individual will always carry the disease with them though they may appear without symptoms.

ACTIVE TB SYMPTOMS

- A bad cough lasting 3 weeks or longer
- A pain in the chest
- Coughing up blood in the sputum
- Weakness or fatigue
- Weight loss
- No appetite
- Chills/fever
- Night sweats

TB Screening strategy for Public Health

- Michigan's TB infections have fallen from 5.1 to 1.3 cases per 100,000 between 1993 and 2016.
- In 2005, The Center's for Disease Control (CDC) drafted new health care setting guidelines that institutes a risk assessment completed by the licensee to determine the frequency of routine screenings.
- This strategy limits unnecessary exposure to elements of TB screening and the associated cost to licensee's.

HFA

ADMISSION AND RETENTION OF RESIDENTS

Rule 325.1922 (7)

An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.

HFA

EMPLOYEE HEALTH

Rule 325.1923 (2);

A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.

NOTE: CDC GUIDELINE PG. 134; The term Health-care workers (HCWs) refers to all paid and unpaid persons working in health-care settings who have the potential for exposure to *M. tuberculosis* through air space shared with persons with TB disease.

GUIDELINES TO FOLLOW

**THE
WHERE,
AND HOW
IS
NEXT!**

CDC Guidelines

- Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005

<https://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>

- Appendix “B” *Risk Assessment Worksheet* (Page 128)
- Appendix “C” *Risk Classification and frequency of screening* (Page 134)

EDUCATION IS A POWERFUL TOOL!

The CDC guidelines encourage the licensee to determine the prevalence of ACTIVE TB within the locality of the facility.

Your county information is available for your review at:

Michigan Department of Health and Human Services

Michigan TB Epidemiology

Website

at

http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5281_46528_78975-411811--,00.html

FACILITY RESPONSIBILITY

- Know the prevalence of ACTIVE TB in your county
- Know the history of ACTIVE TB screenings in facility
- Complete a risk assessment to determine whether the facility is a low, medium, or high risk.
- Ensure all new residents and staff complete a baseline screening
- Ensure completion of subsequent screenings based on the frequency determined by your yearly risk assessment.
- Monitor for active disease symptoms of those that screened positive and provide resources for treatment.

TB ASSESSMENT

HFA with LESS than 200 residents

If less than three residents/staff screened positive for *ACTIVE* TB the preceding year, classify as low risk. If greater than or equal to three *ACTIVE* positive screens for the preceding year, classify as medium risk.

HFA with MORE than 200 residents

If less than six residents/staff screened positive for *ACTIVE* TB the preceding year, classify as low risk. If greater than or equal to six *ACTIVE* positive screens for the preceding year, classify as medium risk.

Note: CDC GUIDELINE PG.134; Settings that serve communities with a high incidence of TB disease or that treat populations at high risk ...might need to be classified as medium risk, even if they meet the low-risk criteria.

BASELINE SCREENINGS

RESIDENT'S

Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority.

STAFF

CDC GUIDELINE PG. 134

All HCWs upon hire should have a documented baseline two-step tuberculin skin test (TST) or one blood assay for *M. tuberculosis* (BAMT) result at each new health-care setting, even if the setting is determined to be low risk.

AFTER BASELINE SCREENING HOW OFTEN DO WE SCREEN?

- If your facility is determined a low risk; no annual screening is necessary.
- If your facility is determined a medium risk;
CDC GUIDELINES PG. 134; Screen at least every 12 months with a two-step tuberculin skin test (TST) or one blood assay for *M. tuberculosis* (BAMT)

Note: Ongoing symptom monitoring of individuals determined TB latent or active status at baseline screening is necessary to ensure proper disease treatment/ containment of infection.

LICENSING RECOMMENDATION

to

Demonstrate Screening Compliance

- 1) Maintain a TB risk assessment document that identifies:
 - a. The person completing the assessment.
 - b. Date of risk assessment completion.
 - c. The number of screened ACTIVE individuals within the facility for the last year.
 - d. The ACTIVE TB prevalence within the county of facility, per 100,000.
- 2) Maintain baseline screenings of residents and employees. If annual screening is necessary, maintain those results as well.
- 3) Maintain list of individuals who had positive screenings for TB.
- 4) Develop and maintain a plan, consistent with your local health authority recommendations, for the symptom monitoring of active TB disease for those individual with positive screenings.

Frequently Asked Questions

How often to screen employees and patients?

- Baseline, and then according to the facility's TB risk assessment; Low, Medium and Ongoing transmission.

What to do if positive TB disease is identified ?

- Isolate the person in an airborne infection isolation room (AIIR), patient covers mouth and nose with a surgical mask, N-95 for staff, confirm it, identify the source, notify Local Health Department and initiate contact tracing/testing.

When to conduct TB risk assessments for your facility type?

- Annually, or when a cluster of conversions or an actual TB case is identified

RESOURCES

- Guideline for Preventing Transmission of Mycobacterium Tuberculosis in Healthcare Setting
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e
- Prevention and control in Long-term care facilities
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00001711.htm>
- State of Michigan Data and Statistics:
http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5281_46528_78975-411811--,00.html
- National Statistics
<http://www.cdc.gov/tb/statistics/default.htm>

Questions & Answers

Bureau of Community and Health Systems

Adult Foster Care and Camps Division

Ottawa Building, 1st Floor

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Lansing, MI 48909

Main Line: (517) 335-1980

www.Michigan.gov/afchfa