NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES

POLICY AND PROCEDURE

SUBJECT: TUBERCULOSIS CONTROL

NUMBER: NN-IC-08

ORIGINAL DATE: 06/01/89

REVIEW/REVISE DATE: 10/19/89, 10/24/90, 03/27/91, 05/13/92, 03/24/95, 01/08/98, 04/01/99, 12/09/99, 04/03/03, 03/04/04, 3/1/07, 1/22/09, 5/17/12

APPROVAL: Cody L. Phinney, MPH, Agency Director

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I. PURPOSE

1. To define Northern Nevada Adult Mental Health Services (NNAMHS) responsibilities in the detection and prevention of tuberculosis in this facility, and establish and implement guidelines for screening, testing, prophylaxis, control, and treatment of tuberculosis.

II. POLICY

NNAMHS will screen for tuberculosis by evaluating individuals for their risk of tuberculosis infection on a case-by-case basis using protocols established by the Washoe County Health Department, the State of Nevada Health Division, and the Center for Disease Control to protect the health, safety, and welfare of consumers and staff. Any staff members who have Tuberculosis will be evaluated on an individual basis. Focus will be on prevention of the spread of infection, counseling, and referral for appropriate treatment.
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III. REFERENCES

1. Washoe County District Health Department Tuberculosis Prevention and Control Program, http://www.co.washoe.nv.us/health/cchs/tbp.html
2. NRS Chapter 441A, Infectious Disease; Toxic Agents
3. Centers for Disease Control and Prevention, http://www.cdc.gov/tb/
4. NNAMHS Policy and Procedure NN-IC-04 Employee Health
6. NNAMHS Policy and Procedure NN-PC-PL-03 Consults – Internal and External

III. PROCEDURE

1. Admissions
   a. Prior to accepting a consumer for admission from a skilled nursing or an intermediate care facility, proof of examination for tuberculosis must be furnished by the referring facility.
      (i) A chest x-ray taken within thirty (30) days prior to admission will ordinarily be considered adequate.
      (ii) If there is no suggestion of active tuberculosis on the x-ray, the consumer can be admitted to this facility if they meet NNAMHS criteria for admission of persons with mental disorders.
   b. Persons with active tuberculosis must have had a minimum of two (2) weeks of adequate treatment with Isoniazid or other anti-tuberculosis medications to be considered non-contagious in order to be acceptable for admission to NNAMHS. Proof of treatment must be provided by the referring facility.
   c. Consumers admitted to NNAMHS shall be evaluated for tuberculosis on a case-by-case basis
      (i) Consumers admitted to the Psychiatric Observation Unit will be screened by the registered nurse at the time of admission. Pertinent information as specified on the MR 118 form (TB Screening) shall be completed.

d. All consumers admitted to inpatient must be tested for TB within twenty four (24) hours of admission to NNAMHS. A negative history will require a PPD or QuantiFERON Gold. A positive history with a previous negative chest x-ray or proof of treatment will require an evaluation for symptoms. If treatment or a previous chest x-ray is not available the consumer must have a QuantiFERON Gold test or a chest x-ray. The physician must do a Denial of Rights for all consumers refusing to be tested. If the consumer refuses, they must be kept in their private room away from the other consumers and staff until TB testing is done. Once TB testing is completed the consumer may be returned to the general population. The only consumers exempted from this are those covered in sections A and B above and section 2 below.

   (i) Consumers transferred to inpatient services from the Psychiatric Observation Unit will receive both a screening and a TB test prior to transfer to inpatient.

   (ii) When a consumer is admitted in a psychotic state, refusing everything, the physician may defer the TB testing up to five days. The physician must evaluate the consumer for active TB and improved mental status each working day until the TB testing is administered. They must document this evaluation in the consumer's chart. If a previous 2 step TB test or an annual test is available from another facility this can be used to verify that the consumer is negative for TB. A copy of that test will be obtained and placed in the consumer's record.

2. Screening and Surveillance

   a. All consumers shall be given a TB test upon each inpatient admission to NNAMHS pertinent information as specified on the MR 118 (TB Screening,) shall be completed. If they remain an inpatient, they shall be evaluated every year with their physical by the medical clinic physician.

   b. A one-step Mantoux PPD is 5 tuberculin units given intradermally with the results read 48 to 72 hours after the test is placed.

c. A two-step Mantoux PPD is the one step-Mantoux PPD done twice. The second test is done at least one (1) week after the first and not more than three (3) weeks after the first. If the first test is positive, the second test is not done unless there is clinical suspicion for a false positive.

d. Risk factors for developing tuberculosis are included in appendix I.

3. Interpretation, Reporting and Follow-up of Test Results

a. If a consumer is discharged before the Mantoux PPD test is to be read, this is to be documented by the registered nurse on the MR 118, TB Screening.

(i) The registered nurse will give the consumer a copy of the MR 118 and instruct the consumer the date and time to return to NNAMHS to have the test read.

A) The registered nurse will document these instructions on the MR 118 and the consumer will be given a copy of the form.

B) The consumer will return to the hospital and a registered nurse will read the test.

C) The registered nurse will document the TB test results in the consumer's inpatient medical record by the end of the shift on the day the test is read.

b. A positive Mantoux PPD test is a reaction of 10mm or more of the induration present; for the immunocompromised consumer a positive is a reaction of 5mm or more of induration present.

(i) The results shall be read by the physician or registered nurse and recorded on the MR 118, TB Screening.

(ii) If the test is read by the registered nurse, the registered nurse is responsible for reporting this positive result to the medical clinic physician and NNAMHS Infection Control Officer and documenting the report to the physician and Infection Control Officer in the progress notes.

c. A negative Mantoux PPD test is to be documented by the registered nurse on the MR 118, TB Screening. Any induration will be documented by millimeters of induration by the registered nurse.

d. The QuantiFERON Gold test may be substituted for the PPD at the doctor's discretion.

e. Any consumer with a confirmed active tuberculosis or suspected tuberculosis must be reported to the Washoe County District Health Department Tuberculosis Section (NRS Chapter 441A).

   (i) The report will be made by the NNAMHS Infection Control Officer.

   (ii) The NNAMHS Infection Control Officer will document this Health Department contact in the progress notes of the consumer's medical record.

f. NNAMHS will cooperate with the Washoe County District Health Department and the Nevada State Department of Health, Tuberculosis Section, to investigate the suspected or confirmed diagnosis of tuberculosis, and initiate treatment and/or follow-up on a case-by-case basis.

g. Recent positive converters shall be evaluated for appropriate tuberculosis treatment. Consumers receiving treatment shall be closely monitored by the medical clinic physician.

h. Chest x-rays shall be ordered and obtained within twenty-four (24) hours on:

   (i) Those consumers with a significant reaction of 10mm or more of induration (or 5mm or more of induration in an immunocompromised consumer).

   (ii) Those consumers who have had a recent TB test conversion from negative to positive.

   (iii) Those consumers who have not received adequate treatment for tuberculosis.

   (iv) Those consumers who have pulmonary symptoms that might indicate tuberculosis infection.

(v) Those consumers who have received BCG in the past if a QuantiFERON Gold test cannot be done.

(vi) Those consumers with documented prior history of positive PPDs if a QuantiFERON Gold test cannot be performed.

i. Chest x-ray

(i) Will be done in those situations identified above.

(ii) Must be completed within twenty-four (24) hours for one of those situations identified above.

(iii) A consult is required prior to the chest x-ray.

A) The consult will be initiated prior to sending the consumer for an X-ray.

B) The consumer may be sent before the consult is signed.

C) The nursing staff is responsible for getting the consult signed. The on-call psychiatrist will be designated to sign for the ASO III (Administrative Service Officer – Business Manager) and the Medical Director during shifts when neither they nor their designees re available to sign the consult.

j. If there is a suggestion of active tuberculosis on the chest x-ray, the consumer must be evaluated by the medical clinic physician or an acute care hospital emergency room physician. The consumer will not be re-admitted to NNAMHS until he/she is determined by the physician to be free of active tuberculosis.

k. Non-active cases for treatment will be evaluated individually by the medical clinic physician and treated appropriately.

4. NNAMHS must provide proof of a chest x-ray or a one-step Mantoux PPD test, or a QuantiFERON Gold done within thirty (30) days prior to discharge to licensed care facilities, such as a skilled nursing facility or intermediate care facility. The social worker will communicate with the receiving facility before NNAMHS discharges the consumer regarding the date and results of the TB test.

V. PROCEDURE FOR EMPLOYEES AND VOLUNTEERS

1. Employees and volunteers shall undergo TB testing and surveillance without charge.
2. Pre-Employment Screening – Upon offer of employment at NNAMHS, an applicant, or volunteer applicant must have a two-step Mantoux PPD test in addition to their pre-employment physical examination.
   a. Unless contraindicated, each job applicant or volunteer applicant will have the TB test.
   b. The Mantoux PPD test is contraindicated if the individual has previously reacted positively, or has had a severe allergic response to the test. Employees or volunteers who cannot receive a Mantoux PPD test will be evaluated by the medical clinic physician for signs and symptoms of tuberculosis. Further testing, including QuantiFERON-Gold, a chest x-ray and sputum's, may be required on a case-by-case basis.
   c. A one-step Mantoux PPD is five (5) tuberculin units given intradermally with the results read 48 to 72 hours after the test is placed.
   d. A two-step Mantoux PPD is the one-step Mantoux PPD done twice. The second test is done at least one (1) week after the first and not more than three (3) weeks after the first. If the first test is positive, the second test is not done.
      (i) If an applicant has documented written proof of a one-step PPD test within the past one (1) year, the second step may be given immediately.
   e. For individuals who are either a rehire or have a break in NNAMHS employment:
      (i) If a break in NNAMHS employment is less than one (1) year, a PPD Mantoux skin test is not required. The employee will have a PPD test on the one year anniversary of their last PPD at NNAMHS.

(ii) If the individual is undergoing treatment for tuberculosis, a minimum of two (2) weeks treatment is sufficient for the tuberculosis to be considered non-infectious. Proof of treatment must be furnished by the individual.

f. If the individual tests positive and is unaware of any previous positive PPD result, they must have a QuantiFERON Gold test or a chest x-ray and consult a recognized pulmonary or infectious disease specialist for evaluation and appropriate treatment prior to employment or being allowed to work on the NNAMHS campus.

(i) Proof of this evaluation and treatment must be furnished to this agency within thirty (30) days.

(ii) They will have access to any tests that this agency has performed.

g. If the individual is undergoing treatment for tuberculosis, a minimum of two (2) weeks treatment is sufficient for the tuberculosis to be considered non-infectious. Proof of treatment must be furnished by the individual.

h. The NNAMHS medical physician shall retain the right to order specific diagnostic laboratory and/or radiology studies whenever deemed necessary.

i. Results of the pre-employment physical examination, the TB test (or evaluation for known positive PPD reactor) and any laboratory/radiology studies deemed necessary are kept separate from the individual's personnel file.

3. Annual Screening – On an annual basis, each employee/volunteer must be screened for tuberculosis.

a. Unless contraindicated, each employee/volunteer will have a one-step Mantoux PPD test.

b. The Mantoux PPD test is contraindicated if the individual has previously reacted positively, or has had a severe allergic response to the test. Employees who cannot receive a Mantoux PPD test will be evaluated by the medical clinic physician for signs and symptoms of tuberculosis. Further,

testing, including chest x-rays, QuantiFERON Gold test and sputum's will be ordered by the medical clinic physician as indicated on a case-by-case basis.

c. If the individual undergoing the annual Mantoux PPD test becomes a positive converter, the individual must be evaluated and submit to a chest x-ray. Counseling and preventive therapy must be offered. It is recommended that the individual take the preventive therapy.

d. Proof of the chest x-ray and evaluation must be furnished by the individual within thirty (30) days.

e. If there is sufficient cause, additional PPD testing (other than the routine annual testing of selected staff and consumer populations) may be mandated by the medical clinic physician. Compliance is compulsory (NRS Chapter 441A).

4. A positive Mantoux PPD test is a reaction of 10mm or more of induration present. For the immunocompromised consumer a positive is a reaction of 5mm or more of induration present.

   a. The results shall be read by the medical clinic physician, clinic registered nurse, or nursing supervisor and recorded on the Employee Health TB Screening form and placed in the employee's medical file.

   b. If the test is read by the clinic registered nurse or nursing supervisor, the clinic registered nurse or nursing supervisor is responsible for reporting this to the medical clinic physician.

5. A negative Mantoux PPD test is to be documented by the registered nurse on the Employee Health TB Screening form and placed in the individual's medical file.

6. Any individual or job applicant with a confirmed active tuberculosis or suspected tuberculosis must be reported to the Washoe County District Health Department Tuberculosis Section (NRS Chapter 441A).

   a. The medical clinic physician or clinic registered nurse will notify the NNAMHS Infection Control Officer of the employee or job applicant with confirmed active tuberculosis or suspected tuberculosis.

b. The report to the Washoe County District Health Department Tuberculosis Section will be made by the NNAMHS Infection Control Officer and this will be documented in the individual's employee/volunteer medical file.

7. NNAMHS will cooperate with the Washoe County District Health Department and the Nevada State Department of Health Tuberculosis Section to investigate the suspected or confirmed diagnosis of tuberculosis, and initiate treatment and/or follow-up on a case-by-case basis.

VI. PROCEDURE FOR PERSONS WORKING ON NNAMHS CAMPUS

1. All individuals working on the NNAMHS campus, including but not limited to, all professional students and interns, division employees, volunteers and security staff shall undergo TB testing and surveillance.
2. These individuals must supply written TB testing results or chest x-ray results obtained within the last twelve (12) months, verifying that they do not have active tuberculosis.
   a. Unless contraindicated, each individual will have a TB test.
   b. The Mantoux PPD test is contraindicated if the individual has previously reacted positively, or has had a severe allergic response to the test. Individuals who cannot receive a Mantoux PPD test will be evaluated by a medical physician for signs and symptoms of tuberculosis. Further, testing, including QuantiFERON Gold chest x-rays and sputum's, may be ordered by a medical physician as indicated on a case-by-case basis.
   c. If the individual undergoing the Mantoux PPD test becomes a positive converter, the individual must submit to a QuantiFERON Gold test or a chest x-ray and be evaluated by a physician. Counseling and preventative therapy must be offered. It is recommended that the individual take the preventative therapy.