



## **Tuberculosis Surveillance of BU Staff and Faculty**

### **With Patient Facing Responsibilities**

#### **1. POLICY GUIDELINE STATEMENT**

Boston University Occupational Health Center clinical staff are responsible for managing the Tuberculosis Surveillance Program for BU staff and faculty whose job responsibilities include patient/public facing responsibilities. This policy is developed in adherence with the Center for Disease Control Tuberculosis Guidelines and in concert with Boston Medical Center's (BMC's) Communicable Disease Policies because many BU staff and faculty access BMC's facilities.

#### **2. POLICY GUIDELINES**

Boston University Staff/Faculty with patient facing responsibilities' are required to undergo annual Tuberculosis (TB) screening.

- a. Screening includes an updated tuberculosis symptom review and TB skin testing.
- b. Tuberculosis blood testing (IGRA) will not be accepted as a method of screening.

#### **3. TUBERCULOSIS SURVEILLANCE CRITERIA**

- a. Staff Authorized to Perform screening
  - i. Licensed Providers and medical assistants who have undergone training.
    1. Completion of the CDC TB training modules
    2. Review of BUOHC policy,
    3. Hands on training for TB skin testing with demonstrated competence
    4. Authorized staff undergo an annual review and technique observation by BUOHC Clinician
  - ii. Clinician Oversight of Medical Assistants TB skin testing techniques: biannually and as indicated
- b. Only Authorized and Trained Clinical Staff ( NP or MD) can perform TB Counseling



### **3. TUBERCULOSIS SURVEILLANCE CRITERIA (continued)**

c. Staff Education and Training Links:

- i. <https://www.cdc.gov/tb/education/mantoux/pdf/mantoux.pdf>  
<https://www.cdc.gov/tb/publications/ltbi/resources.htm>  
[https://www.cdc.gov/tb/education/provider\\_edmaterials.htm](https://www.cdc.gov/tb/education/provider_edmaterials.htm)  
<https://www.cdc.gov/tb/publications/ltbi/default.htm>  
<https://www.cdc.gov/tb/publications/guidelines/infectioncontrol.htm>  
[https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s\\_cid=rr5417a1\\_e](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e)

d. Staff and Faculty undergoing TB Surveillance Testing and Documentation require the following specific criteria based on TB status:

- i. Individuals with a history of negative TB skin test: annual symptom review and TB skin test.
- ii. Individual's with a history of positive TB skin test: documentation of negative chest x-ray, documentation of LTBI counseling, and annual symptom review.



#### 4. PROCEDURES

- a. TB Skin Testing:
  - i. All staff/ faculty must complete and sign an annual TB symptom screen and review with BUOHC staff member in person.
  - ii. If no history reported of positive TB then a TB skin test will be performed
  - iii. All TB skin test plants must be read in 48-72 hours by BUOHC staff
  - iv. If no history of TB testing in last two years, a 2 step TB screening will be required.
    1. The 2-step TB skin tests are conducted between 1-4 weeks apart but not more than a month.
- b. TB skin test results: All results confirmed by Onsite Clinician
  - i. Skin test induration measured at 0-9 mm are negative, unless immune status indicates >5 mm is positive.
    1. Annual testing will continue with Symptom review and skin testing
  - ii. Skin test results measured at 10 mm or greater are positive and require additional testing steps:
    1. Immediate referral for Chest X-ray (CXR): requisition must state "CXR performed due to a positive TB skin test at XX mm, rule out active TB disease".
    2. TB counseling for individual newly diagnosed with Latent Tuberculosis Infection (LTBI)
    3. Massachusetts Department of Public Health (MDPH) requires the clinician who diagnosis an individual with LTBI report to MDPH.
    4. Once determined to have LTBI, an individual is required to undergo:
      - a. Annual TB symptom screen
      - b. Additional CXR's are based on positive symptom screen
- c. LTBI Counseling:
  - i. TB counseling for latent tuberculosis infection can be provided by BUOHC clinician staff, using McGill Online Interpreter within 2 months of chest x-ray.
  - ii. Copy of documentation will be provided to worker
  - iii. BUOHC clinician will complete Massachusetts DPH LTBI Reporting form.



#### **4. PROCEDURES (continued)**

- iv. Workers that are diagnosed with LTBI, and agree to seek prophylactic treatment will be referred to the BPHC TB-Clinics, or to their PCP, or to an Infectious Disease clinic.
- d. Determining if a Health Care Worker who reports a history of Positive PPD meets Surveillance Criteria:  
Required documentation
  - i. Current Review of symptoms reviewed with BUOHC clinician in person and signed by both clinician and healthcare worker.
  - ii. Documentation of the Positive TB skin report signed by a licensed provider  
Radiology report of negative chest x-ray (CXR): Report indication must state: “for positive TB skin test, rule out active TB infection”.
  - iii. Documentation of LTBI counseling letter.
    - 1. If no counseling letter on file, workers will need a CXR report and receive counseling within 2 months of x-ray.
    - 2. TB counseling for latent tuberculosis infection can be provided by BUOHC staff, in office using McGill Online Interpreter within 2 months of CXR.

#### **5. ADDITIONAL COMPLIANCE GUIDELINES**

- a. It is safe for pregnant healthcare workers to receive TB skin tests.
  - i. Pregnant healthcare workers with positive TB tests require a CXR and will be referred to a state approved TB clinic. TB clearance documentation must be provided from the TB clinic to clear the healthcare worker.
- b. Submitting Documentation of TB surveillance results, completed by other providers/facilities; requires prior approval by BUOHC.. Documentation required:
  - i. Candidates and Participants require a TB skin test less than 1 year old
  - ii. Date and time of plant,
  - iii. Date and time of reading, size of reaction in “mm” results determination, Signed by RN, NP or MD
  - iv. If prior TB skin test results were positive, then worker needs documentation of LTBI counseling and information as stated in 4. d. i, ii, iii.