RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

Infection Prevention and Control

Tuberculosis (TB) Control Plan

SUBJECT: POST TB EXPOSURE MANAGEMENT	**Policy No: IC300E** **Create Date : 05/2006** **Revision: 08/2013** **Reviewed: 07/2022** **Page: 1 of 3**

TB exposure investigation shall be initiated for employees (and patients) who have face-to-face or same air space contact without personal respiratory protection to either patients or staff with an AFB smear positive TB patient. Infection Prevention and Control (IP&C) staff will determine if exposure has occurred and contact the department manager(s).

The department manager(s) will prepare a contact list of exposed employees and patients and forward it to IP&C for appropriate follow-up by Employee Health Services (EHS). If exposure to other patients has occurred, IP&C staff will inform the attending physician and assist in follow-up activities.

The following factors should be considered to determine the extent of the exposure:

1. Intensity of the exposure based on proximity
2. Overlap with the infectious period of the index case
3. Duration of exposure
4. Presence or absence of infection prevention and control measures
5. Infectiousness of the index case
6. Performance of procedures that could increase the risk for transmission during contact (e.g., sputum induction, bronchoscopy, and airway suction)
7. The exposed cohort of contacts for TB screening.

The most intensely exposed employees and patients should be screened as soon as possible after exposure to *M. tuberculosis* has occurred. If the initial Tuberculin Skin Test (TST) result is negative, repeat the TB screening in 8 to10 weeks after the end of exposure. Close contacts should be the highest priority for screening.

Exposed persons with documented previously positive test results for M. tuberculosis infection should be screened for TB symptoms and they do not require either repeat testing for M. tuberculosis infection or a chest radiograph (unless they are immunocompromised or otherwise at high risk for TB disease).

EMPLOYEES POST- EXPOSURE MANAGEMENT:

1. Any employee who is exposed to a person with TB or suspected TB will notify their supervisor as soon as possible
2. The supervisor will notify Infection Prevention and Control and provide a list of employees and/or patients who are suspected of having exposure to a TB patient
3. Infection Prevention and Control staff will assess and confirm the employees' and patients' exposure status

4. The unit or area manager or supervisor will assess and complete the employee and/or patient exposure list; send a copy of employee and/or patient exposure list, the source patient, and the unit location to Infection Prevention and Control.
5. EHS will notify the manager of the exposed employee(s) regarding their appointment for TB screening and symptom review.
6. Employees will have prompt evaluation for TB as follows:
    a. Asymptomatic employees who have had a documented negative TST greater than three months prior to the last exposure date, EHS will administer a TST as soon as possible. If the new TST is negative, repeat the TST in 3 months after the active TB case started treatment or after smear conversion of exposure is continued.
    b. Symptomatic employees should have a chest X-ray immediately and have a medical evaluation by EHS. The symptomatic employee should be excluded from work until active TB disease is ruled out by a medical evaluation.
    c. Employees who convert their TST from negative to positive, related to the exposure incident, should be screened for TB symptoms and have a chest X-Ray within one week. The employee should be referred as soon as possible to a health care provider or the local health department for treatment recommendations. In addition,
        - See Screening for Tuberculosis in Employees (IC300C).
        - Department manager(s) will report the incident to Return to Work Coordinator and initiate workers' compensation forms.
        - The Return to Work Office will document all conversions on the CAL-OSHA 200 Log.
        - Infection Prevention and Control will refer all exposed employees that have terminated their employment to Los Angeles County Department of Public Health (LACDPH) for post-exposure follow up.
        - The Director of Infection Prevention and Control or their designee will send notices to the employee(s) supervisor, Service Chief, or Department Head if the employee fails to report to EHS for TB skin testing.

PATIENTS POST-EXPOSURE MANAGEMENT:

a. Notify the physician in charge of the exposure.
b. All patients identified as having exposures to a confirmed case of active pulmonary and/or laryngeal TB disease, should receive screening for TB symptom and prompt evaluation for TB.
c. The Unit Manager will submit Event Notification to the Risk Management Office.

d. Symptomatic residents should have a CXR immediately and receive a medical evaluation.
e. Asymptomatic residents whose most recent TST was negative should be tested as follows:
    - If a TST was negative within three months prior to the last exposure date, test the patient in 8-10 weeks following the last exposure date.
    - If a TST was negative more than three months prior to the last exposure date, apply a TST as soon as possible. If the new TST is negative, patient needs to be followed to have repeat TST in 3 months after the active TB case started treatment or after smear conversion of exposure is continued.
f. TST converters should have a CXR within seven days if asymptomatic and as soon as possible (within one day), if the patient has symptoms of active disease. The radiology request should state that the patient is a recent TST converter
g. If the medical director or the attending physician excludes active TB disease, treatment for LTBI should be offered.

If TB diagnosis is identified after the patient(s) is/are discharged:

1. Infection Prevention and Control staff will notify the patient's primary care physician of the TB diagnosis upon notification of the diagnosis. If the clinical staff received the diagnosis information first, the clinical staff will notify Infection Prevention and Control staff immediately at ext. 57447.
2. The chairperson of the Hospital Infection Prevention and Control Committee will send a letter to the patient(s) who might be exposed to the TB case from to:
    a. Inform them that they might have been exposed to a TB case
    b. Instruct them to report to their physician for TB screening