HIGH DESERT HEALTH SYSTEM
AMBULATORY SURGICAL CENTER

SUBJECT: XIII-137 TUBERCULOSIS CONTROL PLAN	**POLICY #**: 1095
	VERSION: 1
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PURPOSE: To minimize employee, patient and visitor exposure to, and subsequent infection with, tuberculosis (TB). Although patients with suspected or confirmed TB disease are not expected to be encountered in the Ambulatory Surgery Center (ASC) and the risk of TB transmission is unlikely, protocols are maintained by the staff for prompt recognition.

POLICY:

I. All patients are to be screened prior to admission to the ASC for symptoms of TB. Patients who are symptomatic and/or suspected of TB will be referred and/or transferred to another healthcare setting for further screening, and/or diagnosis and treatment.

II. Additional measures outlined in this policy for prevention of TB are to be adhered to.

III. This plan must be made accessible to all employees.

PROCEDURE:

I. Administrative Controls

A. Assignment of Responsibility

B. Risk Assessment

C. Admissions

D. Prospective Employees

E. Annual Personnel Screening

F. Exposure Incidents

G. Documentation of Occupational Exposure

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II. Information and Training

III. Engineering Controls

A. Airborne Precautions

B. Respiratory Hygiene

C. Respiratory Protection Program

I. ADMINISTRATIVE CONTROLS

A. ASSIGNMENT OF RESPONSIBILITY

The ASC Medical Director, Chief of Surgery and the ASC Nursing Director are responsible for implementation of the Tuberculosis Control Program. The Infection Preventionist (IP) and Employee Health Services (EHS) Nurse may be delegated the responsibility for screening and tracking, Fit Testing, training and exposure follow up when indicated. However, responsibility for compliance with the TB Control Plan is shared by all physicians, administrators, and staff.

B. RISK ASSESSMENT

1. A retrospective TB risk assessment (Appendix A) is to be conducted annually to assess the ASC's risk for transmission of tuberculosis and to direct the TB control measures to be implemented.

2. The IP and EHS Nurse will conduct an annual risk assessment for the ASC as a whole and for individual health care workers as deemed necessary. Findings will be reported to the ASC Medical Advisory Committee (MAC).

3. The risk assessment and evaluation process will include:

   a. Case surveillance, when indicated.

   b. Analysis of staff tuberculin skin test (TST) screening data.

   c. Observation of infection prevention practices.

   d. Engineering evaluation.

4. The classification of low risk is applied to ASC if persons with TB disease are not expected to be encountered and therefore exposure to TB is unlikely.

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C. EMPLOYEE HEALTH CLEARANCE & SCREENING

1. All qualified applicants for employment shall be screened prior to employment annually and if symptomatic, per the Los Angeles County (LAC) Department of Health Services (DHS) EHS Policies, for presence of infection with *M. tuberculosis,* using the two-step TST or a single BAMT (blood assay for *M. tuberculosis)* and/or with symptom surveillance and Chest X-ray.

2. Individuals who test positive (TST > 10 mm) shall be referred to their medical provider, per Human Resources (HR) protocols, for follow-up and/or treatment. Clearance from a physician must be received prior to initiation of work.

D. EXPOSURE INCIDENTS

1. All TB exposure incidents are to be reported to the EHS and IP Nurse.

2. In the event of documented exposure to a suspect or diagnosed case of pulmonary TB, all exposed employees, as determined by the Infection Preventionist and EHS, will undergo screening and follow up per the LAC DHS and HR Policies.

3. Screening will include:

   a. TST skin test, if previously TST negative, with follow-up TST in 8-10 weeks.

   b. If employee develops a positive skin test, a CXR will be obtained.

4. All TST converters, regardless of CXR results, will be referred to their private physician or to Workman's Comp for follow-up, per HR protocols.

E. OSHA DOCUMENTATION OF OCCUPATIONAL EXPOSURE

The occurrence of TB infection (positive TST) as well as active TB disease will be recorded on the OSHA 300 log by the High Desert Health System (HDHS) Safety Office for all employees except in those situations involving pre-employment screening.

F. PATIENT CARE

1. The primary TB risk to HCWs is the undiagnosed or unsuspected patient with infectious TB disease. A high index of suspicion for TB disease and

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rapid implementation of precautions are essential to prevent and interrupt transmission.

2. A diagnosis of respiratory TB disease (suspect or confirmed) should be considered for any patient with symptoms or signs of:

   a. infection in the lung, pleura, or airways (including larynx)
   b. coughing for > 3 weeks
   c. loss of appetite
   d. unexplained weight loss
   e. night sweats
   f. bloody sputum or hemoptysis
   g. hoarseness
   h. fever
   i. fatigue
   j. chest pain

3. Patients with suspected or confirmed TB disease should be promptly referred and/or transferred to a setting in which the patient can be evaluated and managed properly. The agency/facility is to be notified of the patient's suspect TB status. If referral is immediately on the HDHS campus, the patient should be escorted by a healthcare worker.

4. While waiting for referral/transfer, the patient should be placed in a separate room with the door closed, apart from other patients and not in an open waiting area.

5. The patient is to be notified of the suspected diagnosis.

6. The patient is to be instructed to wear a surgical or procedure mask (if possible) in waiting areas, where others are present and during transport. Patients should be instructed to keep the mask on and to change the mask if it becomes wet.

7. If patients cannot tolerate a mask, they should observe strict respiratory hygiene and cough etiquette procedures (tum their heads away from others when coughing, cover their mouth and nose with their hands or preferably a cloth or tissue when coughing or sneezing, dispose of cloths/tissues promptly).

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II. INFORMATION AND TRAINING

A. All HCWs will receive training and education regarding infection with Mycobacterium tuberculosis as part of their orientation as new employees and annually thereafter.

B. This training will include review of the TB Control Plan, prevention, transmission and symptoms, and will be documented.

III. ENGINEERING CONTROLS

A. Airborne Precautions

Airborne Precautions are followed as needed with use of private room with door closed and isolation sign posted, barrier mask for patient, N-95 mask for staff and prompt referral and transfer to appropriate setting for diagnosis and treatment.

B. Respiratory Hygiene

A Respiratory hygiene station is placed in the waiting room. Patients and visitors are cautioned to practice respiratory hygiene when indicated.

C. Respiratory Protection Program

1. A respiratory protection program is not required for a low risk setting for TB exposure potential at the ASC since patients with suspected or confirmed TB disease are rarely seen and not treated at this facility, however, the program is maintained for possible exposures of TB or other aerosol transmissible diseases (ATD).

2. Fit testing is conducted per the LAC DHS EHS policies and protocols.

IV. PUBLIC HEALTH REPORTING

The State of California and the LAC Departments of Public Health mandate the reporting of all suspect or confirmed TB patients within one working day (see Communicable Disease Reporting Policy, Infection Control Section).

V. RECORDKEEPING

Records of patients and employees regarding TB are maintained per confidentiality standards of the ASC and legal requirements of the HDHS Health Information Management Department, the HR Office and the EHS.

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REFERENCES:

Los Angeles County Department of Public Health, Tuberculosis Program, TB Control Manual, 2003, retrieved on 01-30-14 from: http://lapublichealth.org/tb/TBManual/TBManual.htm

Morbidity and Mortality Weekly Report, "Guidelines for Preventing Mycobacterium tuberculosis in Health Care Settings, 2005", U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

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