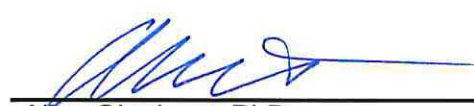
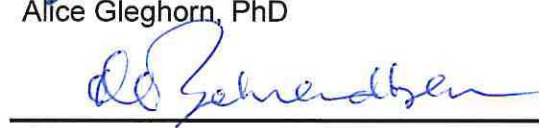




Section	Psychiatric Health Facility (PHF)	Effective:	5/25/2007
Sub-section	Nursing	Version:	2.1
Policy	Tuberculosis (TB) Screening for Patients	Last Revised:	2/4/2019
Director's Approval	 _____ Alice Gleghorn, PhD	Date	2/12/19
PHF Medical Director's Approval	 _____ Ole Behrendtsen, MD	Date	2-12-19
Supersedes:	TB Screening for Patients rev. 5/23/2018		
Approvals:	PHF Medical Practice Committee: 1/23/2019	PHF Governing Board:	2/4/2019

1. PURPOSE/SCOPE

- 1.1. To describe the process for tuberculosis screening for all patients at the Santa Barbara County Psychiatric Health Facility (hereafter the "PHF").

2. DEFINITIONS

The following definitions are limited to the purposes of this policy:

- 2.1. **TST** – a tuberculin skin test. This test uses Tuberculin Skin Test ("TST") Solution, also known as Purified Protein Derivative ("PPD") Solution.

3. POLICY

- 3.1. All patients admitted to the PHF will undergo tuberculosis screening and symptom review on admission to the unit (see Attachment A).

4. PROCEDURES

- 4.1. Consider the patient's history of treatment for tuberculosis.
 1. If the patient does not have a history of testing "positive" on a tuberculin skin test ("TST"), perform a TST.
 2. If the patient has had a "positive" TST or has been treated for tuberculosis, inform the PHF Internist and await orders. The patient may need a chest x-ray.
- 4.2. The staff administering the test should educate the patient about the purpose and method of the test prior to administering the test.

4.3. Staff may refer to the Mantoux Tuberculin Skin Test information produced by the Centers for Disease Control and Prevention (CDC) for guidance on how to administer the TST, and to the Lippincott Nursing Procedures for general guidance on how to administer intradermal injections.

ASSISTANCE

Andra Dillard, RN, MSN, CIC, PHF Infection Preventionist

REFERENCE

Code of Federal Regulations
Title 42, Section 482.42(a)

Centers for Disease Control and Prevention (CDC)
Tuberculin Skin Testing. Accessed at: <http://www.cdc.gov/tb/education/mantoux>

Lippincott Nursing Procedures
Published by Wolters Kluwer Health/Lippincott Williams & Wilkins. Print.

ATTACHMENTS

Attachment A – Tuberculosis Screening form

RELATED POLICIES

[Transmission-based Precautions](#) (formerly Isolation Precautions)

[Reportable Diseases, Conditions and Occurrences](#)

[Employee Health Program and Infection Control](#)

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION
2/4/2019	2.1	All patients will undergo tuberculosis screening and symptom review on admission to the unit.

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual's preferred language or mode of communication (i.e. assistive devices for blind/deaf).