



Section	Psychiatric Health Facility (PHF)	Effective:	5/25/2007
Sub-section			
Policy	Tuberculosis (TB) Screening for Patients	Last Revised:	DRAFT
Policy #			
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Ole Behrendtsen, MD		
Supersedes:	Tuberculosis Skin Test (PPD) Screening Protocol	Audit Date:	DRAFT

1. PURPOSE/SCOPE

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

2. DEFINITIONS

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 on admission to the unit.

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, perform a symptom review. Inform the PHF Medical Doctor 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.

REFERENCE

Centers for Disease Control and Prevention
Tuberculin Skin Testing. Retrieved from <http://www.cdc.gov/tb/education/mantoux/>

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

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

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).