



<b>Section</b>	Psychiatric Health Facility (PHF)	<b>Effective:</b>	5/25/2007
<b>Sub-section</b>	Nursing/Infection Control	<b>Version:</b>	2.3
<b>Policy</b>	Tuberculosis (TB) Screening for Patients	<b>Last Revised:</b>	DRAFT
<b>Director's Approval</b>	_____	<b>Date</b>	_____
	Alice Gleghorn, PhD		
<b>PHF Medical Director's Approval</b>	_____	<b>Date</b>	_____
	Ole Behrendtsen, MD		
<b>Supersedes:</b>	TB Screening for Patients rev. 7/24/2019, Ver. 2.2		
<b>Approvals:</b>	PHF Medical Practice Committee:	PHF Governing Board:	

## 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. **Mantoux tuberculin skin test (TST)** – is the standard method of determining whether a person is infected with Mycobacterium tuberculosis. Reliable administration and reading of the TST requires standardization of procedures, training, supervision, and practice. The TST is performed by injecting tuberculin purified protein derivative (PPD) into the inner surface of the forearm.
- 2.2. **Interferon-gamma release assays (IGRAs)** – whole-blood tests that can aid in diagnosing Mycobacterium tuberculosis infection.

## 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 history of positive TST, a positive symptom review, and/or has been treated for tuberculosis, inform the PHF Internist and await orders. The PHF Internist will determine the best course of action based on the patient's status. Some patients may need a chest x-ray.
  - a. A new chest x-ray is needed if the patient has a positive symptom review or if the previous chest x-ray is older than 90 days.
- 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 and interpret the TST and to the Lippincott Nursing Procedures for general guidance on how to administer intradermal injections.
- 4.4. Patients who refuse TST testing will be educated by PHF staff on the importance of TST testing to ensure proper diagnosis of TB and timely treatment, if necessary. All education will be provided in the patient's preferred or primary language. If the patient continues to refuse testing, staff should make new attempts to obtain the patient's consent for testing. All attempts will be documented in the patient's medical record.
  1. Patients refusing repeated attempts at TST testing will be monitored daily by their assigned nurse for any TB symptoms.
  2. The PHF Internist may consider performing an Interferon-gamma release assays (IGRA) or QuantiFERON blood test.
- 4.5. Patients with positive TST, positive symptom review, and/or positive chest x-ray results, or a patient with positive symptom review results who refuses testing, will be placed on airborne precautions at the PHF and transported to the nearest emergency room for further evaluation. Please refer to the PHF's policy *Transmission-based Precautions* for more information.
- 4.6. Subsequent tuberculosis screening procedures shall be determined by the PHF Internist and documented in the patient's chart.

## **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>

*Core Curriculum on Tuberculosis: What the Clinician Should Know (CDC). Accessed at: <https://www.cdc.gov/tb/education/corecurr/pdf/chapter3.pdf>*

Lippincott Nursing Procedures

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

Association for Professionals in Infection Control and Epidemiology (APIC)

*APIC Text, 4<sup>th</sup> Edition. Sections 49.1, 49.4 and 49.6*

## **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
Draft	2.3	<ul style="list-style-type: none"> <li>Updated to include language about subsequent TB screenings.</li> </ul>
7/24/2019	2.2	<ul style="list-style-type: none"> <li>Clarified duration of chest x-rays.</li> <li>Added additional information on patients who refuse testing.</li> <li>Added guidance for patients with positive TST, symptom review and chest x-ray results.</li> <li>Clarified definition of TST, and added definition for IGRA.</li> </ul>
2/4/2019	2.1	<ul style="list-style-type: none"> <li>All patients will undergo tuberculosis screening and symptom review on admission to the unit.</li> </ul>

### ***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).*

### Tuberculosis Screening

1. Has the patient ever had Tuberculosis (TB) ?  Yes\*  No  Unknown

If Yes, When & Where: \_\_\_\_\_

2. Has the patient ever had a skin test for Tuberculosis?  Yes  No  Unknown

Has the patient had a skin test done in the last 90 days?  Yes  No  Unknown

If Yes, When & Where: \_\_\_\_\_

(Clinic, Hospital, School ,Jail, Etc.)

Result:  Positive  Negative  Unable to obtain results

3. Has the patient ever had a chest x-ray?  Yes  No  Unknown

If Yes, When & Where: \_\_\_\_\_

(Clinic, Hospital, School ,Etc.)

4. Has the patient ever had a BCG (Bacillus-Calmette-Guerin) vaccine to prevent TB?  Yes \*\*  No  unknown

\*\* May receive a PPD. In some people, the BCG vaccine may cause a positive PPD when they are not infected. Consult with MD if positive.

5. Consult MD if patient has symptoms of active TB disease:

cough > 3 weeks  hemoptysis  night sweats  fever  worsening fatigue  unexplained weight loss

6. If the patient has ever been diagnosed with TB, or has a history of positive TB skin test do not repeat the skin test. Consult with MD and obtain chest x-ray order.

Staff Completing Screening: \_\_\_\_\_ Date: \_\_\_\_\_

Patient refusal to participate in screening (document date, reason and staff signature:)

\_\_\_\_\_  
\_\_\_\_\_

Date & Time PPD Given: \_\_\_\_\_ Site:  LFA  RFA Nurse Signature: \_\_\_\_\_  
(also documented on the Medication Record)

Date read (48 hours): \_\_\_\_\_ Results (mm): \_\_\_\_\_  Positive  Negative Nurse Signature: \_\_\_\_\_

Date read (72 hours): \_\_\_\_\_ Results (mm): \_\_\_\_\_  Positive  Negative Nurse Signature: \_\_\_\_\_

Date Chest x-ray done: \_\_\_\_\_ Result: \_\_\_\_\_ Where: \_\_\_\_\_  
date

PATIENT NAME: \_\_\_\_\_

PATIENT NUMBER: \_\_\_\_\_