

TB Regulation Update:

902 KAR 20:205 *New Regulation, effective March 4, 2016; compliance suspended until August 31, 2016*
Tuberculosis (TB) Testing for Health Care Workers
<http://www.lrc.ky.gov/kar/902/020/205.htm>

Section Highlights ...

Section 1: Definitions

- Includes CDC definitions from the “Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005”
- **NEW DEFINITIONS:** Healthcare workers and staggered testing

Section 2: TB Infection Control Program

- **NEW:** Each facility shall have a written TB infection control plan that is part of an overall infection control program
- **NEW:** Plan shall include Administrative Controls, Environmental Controls, and Respiratory Protection
- **NEW:** Plan shall include a standardized method (e.g., listing of the job series of HCWs) to describe which HCWs shall be included in a facility TB testing program
- **NEW:** Identifies criteria for job series included in plan

Section 3: Tuberculosis Testing Requirements for Tuberculin Skin Tests (TSTs)

- Two-step testing upon initial employment (only required when using TSTs)
- Identifies healthcare professionals who can perform a TST
- Describes the measurements of induration, if the TST result is interpreted as positive, that shall be considered highly indicative of tuberculosis infection in a health care setting. New to some facilities may be that a reaction of five (5) millimeters to nine (9) millimeters of induration may be significant in certain individuals with risk factors described in Section 4(3).
- Lists classification of TST reactions and conversions
- **NEW:** No two step necessary if a Blood Assay for *Mycobacterium tuberculosis* (BAMT) is used

Section 4: TB Risk Assessment and TSTs or Blood Assay for *Mycobacterium tuberculosis* (BAMT) for Health Care Workers on Initial Employment

- **NEW:** Identifies TB Risk Assessment and who can perform
- A TB Risk Assessment shall be done on all HCWs receiving a TST or BAMT
- May accept TB testing results within 3 months prior to initial employment if HCW participated in a serial testing program in another facility
- The initial TST shall count as the second step if one-step TST was negative and given within one year

Section 5: Annual TB Risk Assessments and Annual Tuberculin Skin Tests or BAMT for Health Care Workers

- **NEW:** Provide annual risk assessment
- **NEW:** Provide annual TB testing via TST or BAMT
- **NEW:** Testing shall be staggered throughout the year (Monthly, quarterly or semiannually)
- **NEW:** Testing shall be annually in or before the same month as the anniversary date of the HCWs last TB Risk Assessment and TST or BAMT
- **NEW:** Requires annual TB Risk Assessment for HCWs with previous TST interpreted as positive, or a previously positive BAMT

Section 6: Medical Record or Electronic Medical Record Documentation for Health Care Workers

- **NEW:** Document TB Risk Assessment and TB testing in the HCWs medical record
- **NEW:** Describes documentation requirements for TB Risk Assessment, TSTs, and BAMTs

Section 7: Medical Evaluations, Chest X-rays, and Monitoring of Health Care Workers with a Positive TST, a Positive BAMT, a TST Conversion, or a BAMT Conversion

- At initial employment testing or annual testing, if testing is positive, provide a medical evaluation, including HIV testing (**NEW**) unless the HCW opts out of HIV testing and a chest x-ray
- Medical evaluation must be provided by a licensed medical provider
- **NEW:** Identifies guidance for offering treatment for Latent TB Infection (LTBI), and annual monitoring for HCWs with documented LTBI
- **NEW:** Refusal for treatment requires monitoring every six months for two years with a Risk Assessment

Section 8: Medical Evaluations, Chest X-rays, Laboratory Tests, Treatment, and Monitoring of HCWs with Suspected TB Disease or Active TB Disease

- **NEW:** HCW shall be excluded from work, isolated, and evaluated for active disease
- **NEW:** HCW remains off work until cleared as being noninfectious by a licensed medical provider in conjunction with the local and state health department

Section 9: Responsibility for Screening and Monitoring Requirements: Health Care Workers

- A facility administrator or designee shall be responsible for ensuring that all TB risk assessments, TSTs, BAMT, CXR and sputum submissions comply with regulation
- **NEW:** If the healthcare facility does not employ licensed professional staff with technical training to carry out the screening and monitoring requirements, training or professional assistance shall be arranged with the local health department (LHD) or from a licensed medical provider

Section 10: Reporting to Local Health Departments

- Identifies reporting criteria consistent with former regulations
- **NEW:** Some TB related information should be reported within one business day to LHDs

Section 11: Treatment for LTBI

- Identifies guidance for treatment of LTBI
- Provide medical evaluation including an HIV test (**NEW**) unless the HCW opts out of HIV testing and a chest x-ray; offer LTBI treatment
- **NEW:** If a HCW refuses treatment, monitor with a TB Risk Assessment every 6 months for two years

Section 12: Compliance Date

- Effective March 4, 2016
- Implemented at a facility no later than 180 days after the effective date (i.e., **August 31, 2016**)

Section 13: Supersede

- **NEW:** This amendment supersedes requirements stated elsewhere in 902 KAR Chapter 20

For Additional Information, Contact:

- **Office of the Inspector General (OIG)**
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