



COMMISSIONER
Chris Traylor

June 25, 2012

To: Adult Day Care Facilities, Assisted Living Facilities, Home and Community Support Services Agencies, Intermediate Care Facilities for Individuals with Intellectual Disabilities and Nursing Facilities

Subject: **Provider Letter 12-20** – The Centers for Disease Control and Prevention (CDC) Tuberculosis Guidelines

In 2005, the CDC published the new [Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis \(TB\) in Health-Care Settings, 2005](#) (CDC TB guidelines). The Texas Department of Aging and Disability Services (DADS) is issuing this letter to ensure providers are aware of the following:

- The CDC TB guidelines stress the importance of considering the community in TB risk assessments.
- When a provider is screening for TB in accordance with the CDC TB guidelines or other guidelines, the provider must maintain documentation of the screenings.

The CDC TB guidelines are available on the CDC TB "Infection Control & Prevention" webpage at <http://www.cdc.gov/tb/publications/guidelines/infectioncontrol.htm>. On this webpage you will also find a link to the CDC:

- "[Additional FAQs for Clarification of Recommendations in the Guidelines](#)"; and
- "[Appendix B Tuberculosis \(TB\) Risk Assessment Worksheet](#)." This worksheet can be used as a guide for conducting a risk assessment. The results of the risk assessment will determine the extent of each TB screening. Please note that the first question on the worksheet relates to the incidence of TB in your community.

DADS recommends that providers review and become familiar with the CDC TB guidelines. The following titled sections, information and recommendations quoted from the CDC TB guidelines apply to providers in health-care settings. Please be advised that this letter does not address all the recommendations in the CDC TB guidelines; please refer to the guidelines for the full recommendations. (Note: The terms "health-care workers (HCWs)," "screening," "symptom screen," "TB screening," "TB screening program," "TB risk assessment" and other terms quoted below are defined in the CDC TB guidelines.)

- "TB Infection-Control Program" – "Every health-care setting should have a TB infection control plan that is part of an overall infection control program. The specific details of the TB infection control program will differ, depending on whether patients with suspected or confirmed TB disease might be encountered in the setting or whether patients with suspected or confirmed TB disease will be transferred to another health-care setting. Administrators making this distinction should obtain medical and epidemiologic consultation from state and local health departments."

- “TB Risk Assessment” – “Every health-care setting should conduct initial and ongoing evaluations of the risk for transmission of *M. tuberculosis*, regardless of whether or not patients with suspected or confirmed TB disease are expected to be encountered in the setting. The TB risk assessment determines the types of administrative, environmental, and respiratory protection controls needed for a setting and serves as an ongoing evaluation tool of the quality of TB infection control and for the identification of needed improvements in infection control measures. Part of the risk assessment is similar to a program review that is conducted by the local TB control program (42). The TB Risk Assessment Worksheet (Appendix B) can be used as a guide for conducting a risk assessment...” For Appendix B, please refer to the CDC TB guidelines.
- “Use of Risk Classification to Determine Need for TB Screening and Frequency of Screening HCWs” – “Risk classification should be used as part of the risk assessment to determine the need for a TB screening program for HCWs and the frequency of screening (Appendix C). A risk classification usually should be determined for the entire setting. However, in certain settings (e.g., health-care organizations that encompass multiple sites or types of services), specific areas defined by geography, functional units, patient population, job type, or location within the setting might have separate risk classifications...” For Appendix C, please refer to the CDC TB guidelines.
- “Long-Term-Care Facilities (LTCFs)” – “Infection with *M. tuberculosis* poses a health risk to patients, HCWs, visitors, and volunteers in LTCFs (e.g., hospices and skilled nursing facilities). New employees and residents to these settings should receive a symptom screen and possibly a test for *M. tuberculosis* infection to exclude a diagnosis of TB disease (see TB Risk Assessment Worksheet). LTCFs must have adequate administrative and environmental controls, including airborne precautions capabilities and a respiratory protection program, if they accept patients with suspected or confirmed infectious TB disease. The setting should have 1) a written protocol for the early identification of patients with symptoms or signs of TB disease and 2) procedures for referring these patients to a setting where they can be evaluated and managed. Patients with suspected or confirmed infectious TB disease should not stay in LTCFs unless adequate administrative and environmental controls and a respiratory protection program are in place. Persons with TB disease who are determined to be noninfectious can remain in the LTCF and do not need to be in an All room.”
- “Frequently Asked Questions FAQ” on “TST and QFT-G” – “Are periodic chest radiographs recommended for HCWs (or staff or residents of LTCFs) who have positive TST or BAMT results? No, persons with positive TST or BAMT results should receive one baseline chest radiograph to exclude a diagnosis of TB disease. Further chest radiographs are not needed unless the patient has symptoms or signs of TB disease or unless ordered by a physician for a specific diagnostic examination. Instead of participating in serial skin testing, HCWs with positive TST results should receive a medical evaluation and a symptom screen. The frequency of this medical evaluation should be determined by the risk assessment for the setting. HCWs who have a previously positive TST result and who change jobs should carry documentation of the TST result and the results of the baseline chest radiograph (and documentation of treatment history for LTBI or TB disease, if applicable) to their new employers.”

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If you have questions about this memorandum, please contact a policy specialist in the Policy, Rules and Curriculum Development unit at (512) 438-3161.

Sincerely,

[signature on file]

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Regulatory Services

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