

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY  
POLICIES AND PROCEDURES MANUAL**

<b>Chapter: 14</b>	<b>Infection Control</b>		
<b>Section: 2</b>	<b>TB</b>		
<b>Topic: 2</b>	<b>TB Exposure, Prevention and Control - Consumers</b>		
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**Policy**

Bay-Arenac Behavioral Health Authority (BABHA) is committed to high standards of consumer safety practices, to include the prevention and control of TB, utilizing standards recommended or required by the Occupational Safety and Health Administration (OSHA) and the Michigan Department of Community Health (MDCH).

**Purpose**

This policy and procedure is established to ensure that appropriate standards and practices are maintained regarding the prevention and control of Tuberculosis, hereafter referred to as TB.

**Education applies to**

- All BABHA Staff
- Selected BABHA Staff, as follows: Clinical Management, Direct Care, Agency Nurses - Residential and Clinical, Ancillary Care, and Primary Care Staff
- All Contracted Providers:  Policy Only  Policy and Procedure
- Selected Contracted Providers, as follows: Residential and Day Program Providers
  - Policy Only  Policy and Procedure
- BABHA's Affiliates:  Policy Only  Policy and Procedure
- Other:

**Background**

TB is a bacterial infection spread primarily by airborne droplets. Persons with close contact to a person with active undiagnosed or untreated TB are at a high risk of acquiring the infection.

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**Definitions**

**Induration:** The raised hardened area at the site of the intradermal injection of the Tuberculin Skin Test (TST) that has developed after 48 to 72 hours. Only the area of induration is measured.

**Mycobacterium Tuberculosis (M. Tuberculosis):** The infectious bacterium that causes tuberculosis carried by airborne droplets.

**Negative Mantoux Skin Test (insignificant):** Induration not developed, or less than 15 millimeters (mm) at the site of the intra-cutaneous injection of one-tenth cc of TST (5TU) within 48 - 72 hours except as defined in A and B below. The diameter of induration, if present, is recorded in millimeters (mm). Erythema (redness) without induration is considered of no significance.

**Newly Infected Person (converter):** The following are the general classifications of significant reactions:

- A. A reaction  $\geq 5$  mm is classified as positive in the following groups:
  1. Persons with HIV infection or persons with risk factors for HIV infection who have an unknown HIV infection or who have an unknown HIV status
  2. Persons who have had close recent contact with infectious tuberculosis cases; and
  3. People who have had chest x-rays consistent with old, healed tuberculosis.
  
- B. A reaction  $\geq 10$  mm is classified as positive in persons who do not meet the above criteria but who have other risk factors for tuberculosis:
  1. Foreign born persons from high prevalence countries in Asia, Africa and Latin America
  2. Intravenous drug users;
  3. Medically underserved low-income populations
  4. Residents of long-term care facilities, to include correctional institutions, nursing homes, mental institutions, etc.

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5. Persons with medical conditions reported to increase the risk of tuberculosis (e.g., silicosis, gastrectomy, Jejunioileal bypass, being 10% or more below ideal body weight, chronic renal failure, diabetes mellitus, immuno- suppressive therapy, malignancies, etc.)
6. Employees in facilities where a person would pose a hazard to large numbers of susceptible persons; and
7. Persons residing or working with consumers in a geographic region with a high prevalence of TB cases, as identified by the MDCH.

C. A reaction  $\geq 15$  mm is classified as positive in all other persons.

Tubercular Disease: Clinical bacteriologic confirmation such as a culture and sensitivity, and/or microscopic examination. Presumptive Tubercular Disease will be a positive TST with the presence of symptoms such as chronic cough, night sweats, and blood-tinged sputum, weight loss and low-grade fever.

Tubercular Infection: Significant reaction to the tuberculin skin test in the absence of clinical, bacteriologic or radiographic evidence of disease.

Tuberculin skin test (TST): A test to determine tuberculosis infection.

**Procedure**

**Initial Consumer Screening**

1. All consumers in BABHA contracted residential sites or day programs will have a TST by intracutaneous injection as soon as possible after admission to a BABHA contracted residential site or day program, EXCEPT those who have had a previous documented significant reaction to a TST. Physician authorization and legal consent will be received prior to administration of the test.
2. Those consumers with a significant reaction will be referred to a physician and/or health department for a follow-up evaluation and possible treatment.

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3. Those consumers with a documented history of a significant reaction to the TST will not routinely receive a chest x-ray but will receive a chest x-ray per the Primary Care Physician's request.
4. All consumers with tubercular disease should (with consent) receive screening for HIV antibodies.
5. Individuals who are discharged from a state hospital will have a TST by intracutaneous injection as soon as possible after admission to a BABHA contracted residential site or day program, unless the individual has had testing completed by the state facility.

Repeat Consumer Screening

1. Those consumers with a documented history of a significant skin test reaction will NOT be given additional skin tests for tuberculosis.
2. Those consumers with a documented significant TST reaction (or positive test) will receive an annual appraisal for signs and symptoms of active tubercular disease by a Licensed Health Care Professional and may require a chest x-ray as requested by their primary health care provider (see related form - Consumer Questionnaire for Previous Positive TST).
3. If a consumer, with a history of a positive TST, develops clinical signs and symptoms of tubercular, they will be immediately referred to a physician and/or the health department for further evaluation and possible treatment.
4. Those consumers with an insignificant skin test reaction will not be retested unless medical necessity is identified by the health care professional if the individual is showing signs and symptoms of an active tuberculosis infection such as: cough, night sweats, blood tinges sputum, weight loss, fatigue or if exposure to known tubercular disease occurs.
5. If a consumer and/or guardian verifies signs and symptoms of TB through a screening process (e.g., health assessment), the consumer will be referred for appropriate follow-up.

Post-Exposure Screening

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1. Those consumers exposed to a suspected or confirmed case of active tubercular disease will be referred to their Primary Care Provider for evaluation and potential treatment.

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### Data Collection and Reporting

1. All cases of tubercular disease among consumers, within a contracted residential site or day program, will be reported to the local health department in which the consumer resides (MDCH regulation) per the Primary Health Care Provider.
2. All cases of tubercular disease among consumers should be reported to the Nursing Team Leader who will report to the Nursing Supervisor and Medical Director all cases of past and/or recent conversions should be reported to the Nursing Team Leader for surveillance and preventative functions.
3. A risk assessment will be conducted on an annual basis or as appropriate and reported to the Healthcare Practices Committee.

### Attachments

N/A

### Related Forms

Consumer Questionnaire for Previous Positive TST

### Related Materials

N/A

### References/Legal Authority

Essential Components of a Tuberculosis Prevention and Control Program- Recommendations of the Advisory Council for the Elimination of Tuberculosis

MMWR. Vol. 44, Pg. 1-16. 9/8/1995.

Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in HealthCare Facilities, 1994 & 2005 (to include the TB risk assessment work sheet)

MMWR. Vol 43, Pg. 1-132

Responsibility for the Interpretation of the PPD Tuberculin Skin Test.

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*American Journal of Infection Control*. Vol. 57, Pg. 56-58. 1999. APIC  
Excerpts from Michigan Occupational Health Program Directive, No. 96-9  
 Michigan Department of Licensing and Regulatory Affairs  
*MMWR*. Vol. 54, 12/30/2005.

<b>SUBMISSION FORM</b>				
<b>AUTHOR/ REVIEWER</b>	<b>APPROVING BODY/COMMITTEE/ SUPERVISOR</b>	<b>APPROVAL /REVIEW DATE</b>	<b>ACTION (Deletion, New, No Changes, Replacement or Revision)</b>	<b>REASON FOR ACTION - If replacement list policy to be replaced</b>
M. Bartlett	MMPRC	11/20/08		
M. Bartlett	MMPRC	09/15/09		
M. Bartlett	MMPRC	12/15/09		
M. Bartlett	MMPRC	09/21/10		
M. Bartlett	MMPRC	10/18/11		
M. Bartlett	MMPRC	10/17/12		
S. Van Paris	HPC	09/24/15	Revision	Triennial review – minimal change to procedure
S. Van Paris	HPC	11/18/16	Revision	Added language to procedure
S. Van Paris	HPC	10/23/18	No changes	Triennial Review
S. Van Paris	HPC	11/17/21	No changes	Triennial Review
S. Van Paris	HPC	8/20/25	No changes	Triennial Review