

## Boarding Care Home

### Minnesota Rule 4655.3000 Subp. 1, 2, 3 Employee Tuberculosis Program are waived.

#### Employees:

##### Conditions of waiver:

- Follow the U. S. Centers for Disease Control and Prevention's "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005," Morbidity Mortality Weekly Report (MMWR) 2005;54 (No. RR-17), and as subsequently amended, for infection control procedures and requirements ("CDC Guidelines"). Refer to this document for complete definitions of terms.
- Assign administrative responsibility for the TB infection control program to appropriate personnel. Administrative responsibilities include the establishment of an infection control team (one or more individuals), completion (and periodic update) of a written TB risk assessment, development (and periodic review) of a written TB infection control plan, and screening of health care workers (HCWs) for TB as discussed below.
- Conduct a problem evaluation if a case of suspected or confirmed TB disease is not promptly recognized and appropriate measures are not taken.
- Perform an investigation in collaboration with the local health department if health-care-associated transmission of *M.tuberculosis* is suspected.
- All paid and unpaid HCWs (as defined in the "CDC Guidelines") must receive baseline TB screening. This screening must include a written assessment of any current TB symptoms, and a two-step tuberculin skin test (TST) or single interferon gamma release assay (IGRA) for *M. tuberculosis* (e.g., **QuantiFERON<sup>®</sup> TB Gold or Gold-InTube, T-SPOT<sup>®</sup>.TB**).
- All paid and unpaid HCWs (as defined in the "CDC Guidelines") must receive serial TB screening based on the facility's risk level: (1) low risk - not needed; (2) medium risk - yearly; (3) potential ongoing transmission – consult the Minnesota Department of Health's TB Prevention and Control Program at 651-201-5414.
- HCWs with abnormal TB screening results must receive follow-up medical evaluation according to current CDC recommendations for the diagnosis of TB. See [www.cdc.gov/tb](http://www.cdc.gov/tb)

- All reports or copies of HCW TSTs, IGRAs for *M. tuberculosis*, medical evaluation, and chest radiograph results must be maintained in the HCW's employee file.
- All HCWs exhibiting signs or symptoms consistent with TB must be evaluated by a physician within 72 hours. These HCWs must not return to work until determined to be non-infectious.

## **Boarding Care Home**

### **Residents:**

#### **Minnesota Rule 4655.4700 Subpart 1 in part Physician's Examinations and Orders is waived.**

#### Conditions of waiver:

- Follow the U.S. Centers for Disease Control and Prevention's "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005," MMWR 2005;54 (No. RR-17), and as subsequently amended, for infection control procedures and requirements ("CDC Guidelines"). Refer to the "CDC Guidelines" for complete definitions of terms.
- Assign administrative responsibility for the tuberculosis (TB) infection control & prevention program to appropriate personnel. Administrative responsibilities include the establishment of an infection control team (one or more individuals), completion (and periodic update) of a written TB risk assessment, and development (and periodic review) of a written TB infection control plan.
- All residents must receive baseline TB screening within 72 hours of admission or within 3 months prior to admission. TB screening must include a written assessment of the resident's risk factors for TB and any current TB symptoms, and a two-step TST or a single interferon gamma release assay (IGRA) for *M. tuberculosis* (e.g., **QuantiFERON<sup>®</sup> TB Gold or TB-Gold InTube, T-SPOT<sup>®</sup> .TB**).
- All reports and copies of resident tuberculin skin tests (TSTs), results from IGRAs for *M. tuberculosis*, medical evaluations, and chest radiograph results must be maintained in the resident's medical record. Consult current CDC recommendations for the diagnosis of TB for recommended follow-up of residents who display signs or symptoms of active TB disease.

**MDH is waiving 4655.3000 subpart 1, 2, 3 TUBERCULOSIS TESTING OF EMPLOYEES.**

Subpart 1.

**Responsibility of nursing or boarding care home.**

~~The nursing home or boarding care home shall be responsible for assuring that all employees, prior to employment and as otherwise indicated in this part, show freedom from tuberculosis in accordance with the provisions of this part.~~

~~Subp. 2.~~

**Tuberculin test.**

~~All employees, unless certified in writing by a physician to have had a positive reaction to a standard intradermal tuberculin test, shall have a standard intradermal tuberculin test with purified protein derivative (Mantoux) within 45 days prior to employment. If the tuberculin test is negative, the employee shall be considered free from tuberculosis.~~

~~Subp. 3.~~

**Positive tests.**

~~If the tuberculin test is positive or if the employee's physician has certified a positive reaction to the tuberculin test, the employee shall submit prior to employment and annually thereafter, a written report by a physician of a negative full sized chest X ray taken within the previous 45 days. Annual written reports of the employee's negative chest X ray shall be required for five years after a documented positive standard intradermal tuberculin test, after which time the employee shall be considered free from tuberculosis. All employees showing positive reaction to the tuberculin test who have taken a complete course of preventive therapy as directed by their physician, shall be considered free from tuberculosis at the completion of the program and shall be exempt from the testing requirements of this part.~~

Subp. 4.

**Written documentation of compliance.**

Written documentation of compliance with the above requirements shall be filed in the employee's personnel record.

**MDH is waiving Minnesota Rule 4655.4700 Subpart 1 in part PHYSICIANS' EXAMINATIONS AND ORDERS**

Subpart 1.

**Physical examination at admission.**

Each patient or resident shall have an admission medical history and complete physical examination performed and recorded by a physician within five days prior to or within 72 hours after admission. The medical record shall include: the report of the admission history and physical examination; the admitting diagnosis and report of subsequent physical examinations; ~~a report of a standard Mantoux tuberculin test or, if the Mantoux test is positive or contraindicated, a chest X ray within three months in advance of admission and as indicated thereafter;~~ reports of appropriate laboratory examinations; general medical condition including disabilities and limitations; instructions relative to the patient's or resident's total program of care; written orders for all medications with stop dates, treatments, special diets, and for extent or restriction of activity; physician's orders and progress notes; and condition on discharge or transfer, or cause of death.