

Home Care

Minnesota Rule 4668.0065 Subp. 1 & 2 Employee Tuberculosis Program and Exposure to tuberculosis is 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 and 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 symptoms of TB, and a two-step tuberculin skin test (TST) or single interferon gamma release assay (IGRA) for *M. tuberculosis* (e.g., **QuantiFERON® TB Gold or TB Gold-InTube, T-SPOT®.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

- 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.

MDH is waiving 4668.0065 Subp. 1 & 2

Subpart 1. INFECTION CONTROL

Tuberculosis screening.

~~No person who is contagious with tuberculosis may provide services that require direct contact with clients. All individual licensees and employees and contractors of licensees must document the following before providing services that require direct contact with clients:~~

~~A.~~

~~the person must provide documentation of having received a negative reaction to a Mantoux test administered within the 12 months before working in a position involving direct client contact, and no later than every 24 months after the most recent Mantoux test; or~~

~~B.~~

~~if the person has had a positive reaction to a Mantoux test upon employment or within the two years before working in a position involving direct client contact, or has a positive reaction to a Mantoux test in repeat testing during the course of employment, the person must provide:~~

~~(1)~~

~~documentation of a negative chest x ray administered within the three months before working in a position involving direct client contact; or~~

~~(2)~~

~~documentation of a negative chest x ray administered each 12 months, for two years after the positive reaction to a Mantoux test or documentation of completing or currently taking a course of tuberculosis preventative therapy; or~~

~~C.~~

~~if the person has had a positive reaction to a Mantoux test more than two years before working in a position involving direct client contact, the person must provide documentation of a negative chest x ray taken within the previous 12 months or documentation of completing or currently taking a course of tuberculosis preventative therapy.~~

~~In this subpart, "Mantoux test" means a Mantoux tuberculin skin test.~~

Subp. 2. Exposure to tuberculosis.

~~In addition to the requirements of subpart 1, a person who has been exposed to active tuberculosis must document a negative result of a Mantoux test or chest x-ray administered no earlier than ten weeks and no later than 14 weeks after the exposure.~~

Subp. 3. Infection control in-service training.

For each 12 months of employment, all licensees and employees and contractors of licensees who have contact with clients in their residences, and their supervisors, shall complete in-service training about infection control techniques used in the home. This subpart does not apply to a person who performs only home management tasks. The training must include:

- A. hand washing techniques;
- B. the need for and use of protective gloves, gowns, and masks;
- C. disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;
- D. disinfecting reusable equipment; and
- E. disinfecting environmental surfaces.