

## **TB Waiver for Nursing Home**

### **Nursing Home**

**Minnesota Rule 4658.0815 Subpart 1 & 2 Employee Tuberculosis Program 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 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 TB 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.

## Nursing Homes

### Residents:

#### **Minnesota Rule 4658.0810 Resident Tuberculosis Program 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 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 an 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). Routine serial TB screening of residents may be done at the discretion of the infection control team.
- 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 4658.0815 Subpart 1 and 2. EMPLOYEE TUBERCULOSIS PROGRAM.**

**Subpart 1. Responsibility of nursing home.**

~~A nursing home must ensure that all employees, prior to employment and as otherwise indicated in this part, show freedom from active tuberculosis according to this part. A nursing home must establish a tuberculosis counseling, screening, and prevention program for all employees, in accordance with Morbidity and Mortality Weekly Report (MMWR), October 28, 1994, Vol. 43, No. RR-13; section H.J. of the "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities, 1994," issued by the Centers for Disease Control and Prevention. This guideline is incorporated by reference. It is available through the Minitex interlibrary loan system. It is not subject to frequent change.~~

**Subp. 2. Tuberculin test.**

~~All employees, unless certified in writing by a physician to have had a positive reaction or other medical contraindication to a standard intradermal tuberculin test, must have an intradermal tuberculin test with purified protein derivative (Mantoux) within three months prior to employment.~~

**Subp. 3. Written documentation of compliance.**

~~Reports or copies of reports of the tuberculin test or chest X-ray must be maintained by the nursing home.~~

**Subp. 4. Evaluation of symptoms.**

~~All employees exhibiting symptoms consistent with tuberculosis must be evaluated within 72 hours.~~

**MDH is waiving 4658.0810 RESIDENT TUBERCULOSIS PROGRAM.**

**Subpart 1. Tuberculosis test at admission.**

~~A resident's clinical record must contain a report of a tuberculin test within the three months prior to admission or within 72 hours after admission, administered in conformance with the general guidelines for surveillance and diagnosis as found in Morbidity and Mortality Weekly Report (MMWR), Recommendations and Reports, July 13, 1990, Vol. 39, No. RR-10; "Prevention and Control of Tuberculosis in Facilities Providing Long Term Care to the Elderly; Recommendations of the Advisory Committee for Elimination of Tuberculosis," as issued by the Centers for Disease Control and Prevention. This guideline is incorporated by reference. It is~~

available through the Minitex interlibrary loan system. It is not subject to frequent change.

**Subp. 2. Identification; evaluation; treatment.**

~~A nursing home must develop and implement policies and procedures addressing the identification, evaluation, and initiation of treatment for residents who may have active tuberculosis in accordance with Morbidity and Mortality Weekly Report (MMWR), October 28, 1994, Vol. 43, No. RR-13; section II.C. of the "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities, 1994," issued by the Centers for Disease Control and Prevention, October 28, 1994. This guideline is incorporated by reference. It is available through the Minitex interlibrary loan system. It is not subject to frequent change.~~