

TB Waiver for Supervised Living Facility

Supervised Living Facility

Minnesota Rule 4665.1200 A. Staff Health 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 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 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[®] 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 4665.1200 A. STAFF HEALTH.

The licensee shall assure that:

~~A all staff shall, prior to employment and annually thereafter, show freedom from tuberculosis by a report of either a standard Mantoux tuberculin test or a chest X ray. If the Mantoux test is positive or contraindicated, a chest X ray shall be taken. The results of these tests shall be reported in writing and made a part of the staff member's personnel record;~~

B. any staff member with a communicable disease shall not be permitted to work in the facility until such time that a physician certifies that the staff member's condition will permit a return to work without endangering the health of other staff and residents;

C. the facility administrator may require that a staff member have a medical examination when a reasonable suspicion of communicable disease exists; and

D. personnel records shall be available for inspection by department employees.