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| **PURPOSE:**  CCR, Title 22 Chapter 1. 70723 (b) (1) requires General Acute Care Hospitals use a 5 Tuberculin Unit dose of PPD in screening healthcare workers (HCWs) for latent tuberculosis infection (LTBI). This policy was submitted along with a letter to the CDPH Licensing and Certification district office that has jurisdiction over CHLA. The purpose of this policy is to allow program flexibility and the use of Interferon Gamma Release Assay (IGRA) blood tests either in conjunction with or separate from Tuberculosis Skin Tests (TSTs) in screening of new hire employees, volunteers, students and others defined as Health Care Workers (HCWs). It is also intended to provide program flexibility in annual surveillance screening for tuberculosis (TB) infection and Latent Tuberculosis Infection (LTBI) in HCWs.  “This policy applies to the following personnel (regardless of their employer) who work for any portion of a day at any location in which CHLA is responsible for the care of and provides services to patients including , but not limited to hospitals, outpatient clinics, home health, student and employee health centers, dental clinics, and pharmacies:   * All faculty, CHLA employees, volunteers, licensed health care professionals, medical staff members, residents, fellows, researchers, medical students, nursing students, nurse practitioner/physician assistant students, pharmacy students, respiratory therapy students, radiation technology students, all other students receiving training at a CHLA health care facility, vendors, representatives or distributors of a manufacturer or company who visit for the purpose of soliciting, marketing, or distributing products or information regarding the use of medications, products, equipment and/or services.”   **DEFINITIONS:**   1. Mycobacterium Tuberculosis (TB) 2. Active TB Infection (Active tuberculosis) 3. Latent Tuberculosis (Latent tuberculosis infection – LTBI) 4. IGRAs (Blood tests that detect an immune response to Mycobacterium TB). With reference to this policy we are referring to the QFT-G (QUANTIFERON GOLD TEST), the QFT-GIT (QUANTIFERON GOLD IN-TUBE TEST), and the T-SPOT. 5. TST (5TU PPD TB SKIN TEST) 6. Health Care Worker (HCW). For the purpose of this policy HCWs shall include the following personnel (regardless of their employer) who work for any portion of a day at any location in which CHLA is responsible for the care of and provides services to patients including , but not limited to hospitals, outpatient clinics, home health, student and employee health centers, dental clinics, and pharmacies:   all faculty, CHLA employees, volunteers, licensed health care professionals, medical staff members, residents, fellows, researchers, medical students, nursing students, nurse practitioner/physician assistant students, pharmacy students, respiratory therapy students, radiation technology students, all other students receiving training at a CHLA health care facility, vendors, representatives or distributors of a manufacturer or company who visit for the purpose of soliciting, marketing, or distributing products or information regarding the use of medications, products, equipment and/or services.”   1. Centers for Disease Control and Prevention (CDC) 2. California State Department of Public Health (CDPH) 3. Morbidity and Mortality Weekly Report (MMWR)   **PROCEDURE**   1. All newly hired employees, new volunteers, and newly assigned students will be screened for TB Infection by either the 5 TU PPD TST, or one of the 3 IGRAs listed above. The tests will be conducted either by the CHLA lab or another approved lab as appropriate and shall be conducted in accordance with CDC, CDPH, OSHA and MMWR guidelines. 2. TSTs or IGRAs will be used to screen HCWs known to be exposed to Tuberculosis. 3. A HCW with a positive TSTs or IGRA will be further screened for active TB by Chest X-ray, symptom questionnaire and physical examination if indicated 4. Appropriate follow up will include: TB conversion tracking, isolation from hospital staff and patients as indicated, and medical follow up with either the department of public health, a private medical provider, or with the company medical provider network if determined compensable under the workers’ compensation system. Evaluation of test results, the initial HCW evaluation, and initiation of treatment (if work related), and follow-up determination will be conducted by Employee Health (EHS).   **REFERENCES**   1. MWR/ Vol. 59 / No. RR-5. June 25, 2010. Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium tuberculosis Infection – United States, 2. CDPH /AFL 10-23/ Procedure for Requesting Program Flexibility for the Use of Interferon Gamma Release Assay (IGRA) Blood Tests to Identify Mycobacterium Tuberculosis Infection in California Health Care Workers. 3. Program Flexibility Letter of Approval – County of Los Angeles, November 21, 2011 internal document.   **POLICY OWNER:**  *Director, Accreditation & Licensing, Infection Prevention, and Emergency Management* |
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