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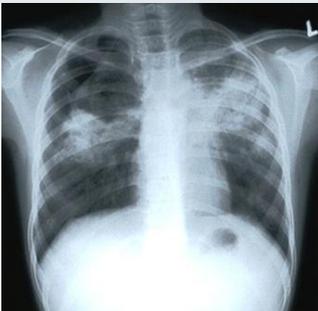


TB Control Without Annual Testing
Monday January 20, 2014
1PM PT/4PM ET



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Leanne has 30 years of nursing experience including medical-surgical, trauma, gastroenterology, outpatient surgery and pain management. Most recently she was the clinical administrator for an orthopedic ambulatory surgery center. She brings a strong background in outpatient orthopedic surgery as well as management and leadership skills to PSS. Leanne graduated from Purdue University with a Bachelor's of Science degree in Nursing.



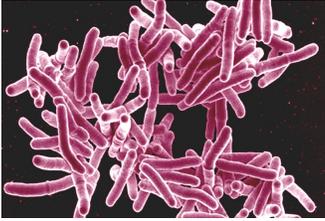


TUBERCULOSIS

TB Control Without Annual Testing

Definition of Tuberculosis

- Tuberculosis is an infectious disease of the lungs and other organs caused by the bacterium *Mycobacterium tuberculosis*.



Tuberculosis

- Continues to cause disability & premature death
- Carried in airborne particles generated by persons with TB when coughing, sneezing, speaking or singing
- Infection occurs when a susceptible person inhales droplet nuclei



Infection Control: TB Control Plan

- The 1994 CDC TB control recommendations were updated in 2005 to maintain momentum to avert another TB resurgence and to eliminate the lingering threat to HCWs, which is mainly from infected patients.



Tuberculosis Control Program: TCP

- A distinction must be made between an individual who has been exposed to TB and demonstrates a positive Tuberculosis Skin Test (TST) screening test but has NO signs of active disease and therefore, is NOT considered infectious and the individual who IS TST positive with active disease and IS considered infectious.



At Risk Individuals

- Immunosuppressed
- Homeless
- Overcrowded conditions
- Malnourished
- Lack of medical care



At Risk Groups

- Residents and employees of correctional facilities and LCT facilities
- HCWs serving patients who are at high risk
- HCWs with unprotected exposure to a patient before the identification and correct airborne precautions have been made
- Populations who are defined locally as having an increased incidence of TB
- Infants, children, and adolescents exposed to high risk adults
- HIV positive patients, alcoholics, IV and other illicit drug users
- Elderly
- Foreign born persons from areas with a high prevalence of TB, or persons traveling to those areas, and persons living in the same household as members of these groups.



At Risk Procedures

Procedures in a healthcare setting that may generate airborne secretions include:

- Bronchoscopy
- Endotracheal intubation
- Suction procedures
- Aerosol treatments that induce coughing
- Open abscess irrigation

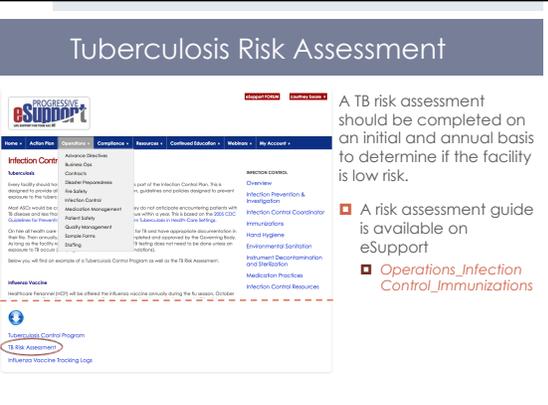



Isolation of the Patient

- Patients with known active cases of TB will NOT be admitted to the facility
- If a patient is identified/suspected of TB after admission:
 - He/she must be isolated until transfer to another facility can be arranged
 - The isolation should be in a previously identified room with a door that can remain closed until the patient is transferred
 - Adequate time should elapse to ensure removal of TB contaminated room air before allowing entry by staff or other patients
 - Patients should be taught to cover their mouth and nose with disposable tissues when coughing or sneezing
 - Patient and HCW must wear a mask during the evaluation.



Tuberculosis Risk Assessment



A TB risk assessment should be completed on an initial and annual basis to determine if the facility is low risk.

- A risk assessment guide is available on eSupport
- [Operations_Infection Control_Immunizations](#)

Risk Assessment

- The risk assessment for settings in which patients with suspected or confirmed TB disease are NOT expected to be encountered should include but not be limited to:
 - Community profile review of TB disease in collaboration with the local or state health department
 - Consultation with the local or state health department to obtain surveillance data in order to complete the risk assessment
 - HCWs TB screening requirements
 - Determination of administrative and environmental controls in place
 - Documented procedures that ensure the prompt recognition and evaluation of suspected HCW associated transmission
 - Annual reassessments
 - Recognition and correction of lapses in infection control



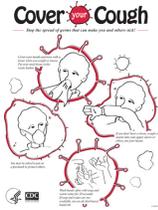
Risk Assessment

- The facility risk assessment is based on a three-level hierarchy of controls including Administrative, Environmental and Respiratory protection
 - First Level of Hierarchy – Administrative Controls
 - Second Level of Hierarchy – Environmental Controls
 - Third Level of Hierarchy – Respiratory Protection Control




Risk Assessment

- Examples of Administrative Controls:
 - Assigning responsibility for TB infection control program to a qualified individual
 - Conducting a TB risk assessment to confirm low risk status
 - Implementing a written TB infection control program
 - Training and educating HCWs regarding TB
 - Screening and evaluating HCWs
 - Using appropriate signage advising respiratory hygiene and cough etiquette
 - Coordinating efforts with local or state health department




Risk Assessment

- ▣ Examples of Environmental Controls:
 - ▣ Control source of infection
 - ▣ Proper ventilation and air exchanges, per HVAC requirements for an ASC
 - ▣ Environmental control maintenance procedures and logs should be maintained



Risk Assessment

- ▣ Examples of Respiratory Protection Control:
 - ▣ Training patients on respiratory hygiene and cough etiquette procedures
 - ▣ Train HCWs in respiratory protection
 - ▣ Isolate any patient suspected of a communicable disease



Risk Assessment

- ▣ Facilities are considered to be low risk if:
 - ▣ Less than 3 TB patients were admitted to the facility in the past year
 - ▣ Facility does not anticipate encountering patients with TB disease
- ▣ Low risk facilities will not provide respiratory masks as it is not recommended by the CDC for low risk environments.



Reminder

- ❑ The new CDC guidelines recognize an expansion of health-care delivery settings and changes in practice.
- ❑ The TB infection control program is a component of your comprehensive ASC infection control program.
- ❑ The TB risk assessment serves as an ongoing evaluation tool for the effectiveness of your program and needed improvements.
- ❑ The Risk Assessment form needs to be completed on annual basis
 - ❑ As long as the facility remains classified as low risk, annual TB testing is NOT required unless an exposure to TB occurs (see page 10 of the CDC recommendations, available on eSupport)



Employee Tuberculosis Screening



- ❑ Facility must have a policy and procedure to address Employee TB Screening.
- ❑ Available on eSupport: *Operations_Infection Control_Immunizations*

Employee Tuberculosis Screening

Include protocol for:

- ❑ Tuberculin Skin Test (TST) Testing
 - ❑ Screen all **paid and unpaid persons working in the ASC** who have potential for exposure to M. Tuberculosis through air space shared with persons with infectious TB disease for the presence of inactive or active Tuberculosis at the time of employment.
 - ❑ Two-step TB protocol or a single BAMT will be utilized for all new employees.
 - ❑ Documentation of a TST within the past 12 months will count as the first step
 - ❑ As long as the facility is classified as low risk additional TB screening is not required unless an exposure to TB occurs
 - ❑ If an employee has a positive reaction, they need to be evaluated and treated according to current guidelines



Employee Tuberculosis Screening

Chest x-rays are required for those employees:

- With a significant TST with an induration of >10 mm
- Baseline positive or newly positive test to exclude TB disease

Repeat chest x-rays are NOT required unless signs/symptoms of TB disease develop or unless recommended by a physician



Employee Tuberculosis Screening

No baseline TST is required if:

- HCW has a documented history of TB disease
- HCW has documented previously positive test results
- HCW has been adequately treated with anti-Tuberculin medication

However, if the above is not documented, a two-step TST is required.



Employee Tuberculosis Screening

The HCW should be excluded from the workplace if:

- He/she has confirmed infectious pulmonary, laryngeal, endobronchial or tracheal TB disease
- A draining TB skin lesion

He/she may return to work when criteria is met, according to the 2005 CDC recommendations.



Employee Tuberculosis Screening

- ❑ HCWs with extrapulmonary TB disease do not usually have to be excluded from the workplace if there is no respiratory involvement. Clearance for return to work should be documented.
- ❑ HCWs receiving treatment for Latent Tuberculosis Infection (LTBI) can return to work immediately
- ❑ Asymptomatic HCWs with a baseline or newly positive TST or BAMT result are allowed to continue working



Employee Tuberculosis Screening

- ❑ TB conversions and TB disease among HCWs should be reported to OSHA at <http://www.osha.gov/recordkeeping>




Employee Tuberculosis Screening

- ❑ Employee Education
 - ❑ Overview of TB infection control program, including the hierarchy of TB infection control measures, written policies, monitoring and control measures for HCWs at increased risk for exposure
 - ❑ Proper implementation and monitoring of environmental controls
 - ❑ Roles of CDC and OSHA
 - ❑ Personal protection education
 - ❑ Reporting responsibility of the facility




Conclusion

Initial and annual risk assessments, properly implemented hierarchy of controls, and baseline HCW screening is the most effective approach to mitigating the risk of TB transmission in your ASC. These activities are integrated into your comprehensive Infection Control Program and ELIMINATE the need for annual employee skin testing and tracking.



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GAPI: Making it Meaningful

Monday March 24, 2013
1pm PT/4pm ET
Regina Boore, RN, BSN, MS, CASC



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