



El Paso - Ambulatory Clinic Policy and Procedure

Title: TUBERCULOSIS SKIN TESTING POLICY	Policy Number: EP 1.9
Regulation Reference:	Effective Date: 12/2010

Scope and Distribution:

This policy applies and will be distributed to all TTUHSC- EP School of Medicine Clinics, also known as Texas Tech Physicians.

Procedure:

1. There will be no “Routine” Tuberculosis skin testing (TST). Only those persons who are at risk of work related TB exposure will receive baseline TST and if necessary, will be re-tested annually thereafter.
2. TST will be done annually only on employees/students who at initial testing are found to be non-reactors and care for patients at University Medical Center El Paso and/or work in High Risk Clinics: Internal Medicine & Family Medicine. (All staff unless isolated from patient contact.) Yearly TB Questionnaire will be completed by reactors.
3. **TB skin tests** will be administered according to the table below:

Indications for two-step tuberculin skin tests (TSTs)

Situation	Recommended testing *
No previous TST result	Two-step baseline TST
Previous negative TST result (documented or not) >12 months before new employment	Two-step baseline TST
Previous documented negative TST result ≤ 12 months before new employment	Single TST needed for baseline testing; this test will be the second-step
≥ 2 previous documented negative TSTs but most recent TST >12 months before new employment	Single TST; two-step testing is not necessary.
Previous documented positive TST result	No TST
Previous undocumented positive TST result*	Two-step baseline TST(s)
Previous BCG† vaccination	Two-step baseline TST(s)

* For newly hired health-care workers and other persons who will be tested on a routine basis (e.g., residents or staff of correctional or long-term-care facilities), a previous TST is not a contraindication to a subsequent TST, unless the test was associated with severe ulceration or anaphylactic shock, which are substantially rare adverse events. If the previous positive TST result is not documented, administer two-step TSTs.

Sources: Aventis Pasteur. Tuberculin purified protein derivative (Mantoux) Tubersol® diagnostic antigen. Toronto, Ontario, Canada: Aventis Pasteur; 2001. Parkdale Pharmaceuticals. APLISOL (Tuberculin purified protein derivative, diluted [stabilized solution]). Diagnostic antigen for intradermal injection only. Rochester, MI: Parkdale Pharmaceuticals; 2002. Froeschle JE, Ruben FL, Bloh AM. Immediate hypersensitivity reactions after use of tuberculin skin testing. Clin Infect Dis 2002;34:E12-3.

†Bacille Calmette-Guérin.



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- a) If the first test is **NEGATIVE** ; for this purpose, any reaction with induration of less than 10mm, read between 48 to 72 hours of placement, then, the 2nd Step TST will be administered within 1 to 3 weeks and read between 48 to 72 hours of placement. If the second test elicits a reaction which is 10mm or more, it will be considered positive. (or a 5mm increase from prior TST)
 - b) If the person has a **POSITIVE REACTION** = induration (palpable, raised, hardened area or swelling) of 10mm or greater or a 5mm increase from prior TST (**READ perpendicular** (across) **THE ARM**), with the first step or second step and a negative CXR= refer to Health Department TB Chest Clinic for further evaluation.
4. When a New Employee/student or visitor claims to be TST **POSITIVE** that person must obtain documentation of positive TST from source of testing or:
- a) TST will be offered – if TST is positive, a chest x-ray will be performed. If the chest x-ray results are negative the person will be referred to the Health Department TB Chest Clinic.
 - b) If TST is refused, Quantiferon Gold **MUST** be obtained at the person's own expense. If Quantiferon Gold is refused the person must explore possible options with HR and/or Infection Control Chairman.
 - If Quantiferon Gold is negative no further action is needed at that time. Repeat yearly same as TST.
 - If Quantiferon Gold is positive the person must obtain a chest x-ray. If the chest x-ray results return negative they will be referred to the Health Department TB Chest Clinic for possible prophylactic therapy for LTBI.
5. **CXR POSITIVE**: Notify Infection Control (IC) Chairman immediately and refer to Health Department TB Chest Clinic for all necessary follow up or referral. Remove immediately from staff and patient contact as directed by IC Chairman.
6. Those who have had a positive reaction will have yearly follow up (whether or not they have taken medication) with completion of the TB Questionnaire looking for "positive responses" that may indicate the need for further follow up.
7. Criteria for referral of staff, students, & visitors to TB Chest Clinic:
- A. TST Conversion – positive (10mm Or > or 5mm increase from prior TST) TST after a prior negative TST (< 10mm or no reaction)
 - B. TST Positive at initial examination, the new employee/student may need further detailed evaluation.
 - C. Positive Quantiferon Gold and negative chest x-ray



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D. POSITIVE Chest X ray findings

8. Employees and students referred to Health Department TB Chest Clinic will have: initial Chest X-Ray(s), including interpretation, clinical evaluation, counseling and treatment as deemed necessary.

- a. Texas Tech (TT) will pay County TB Chest Clinic charges if employee has converted during TT direct patient care. (Department of employee assigned pays TB Chest Clinic fees.)
- b. Students, Residents, Faculty, and Staff who have positive TST at time of initial TT employment will be personally responsible for the TB Chest Clinic charges.

9. **TST Conversion Defined:** Documented prior NEGATIVE TST (Induration 0 or < 10mm) and then “conversion” to skin test POSITIVE – Induration measuring 10mm or greater or 5mm increase from prior, measured across the forearm (perpendicular to the long axis) of the arm.

10. Tuberculosis Chest Clinic Referral Acknowledgement Form will be signed by any one referred to TB Chest Clinic.

* Table from: MMWR Dec. 30, 05, Vol 54, No. – RR17. Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Settings, 2005.

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Signatory approval on file by: Armando Meza, MD TT Infection Control Committee Chairman, El Paso	
Michael J. Romano, M.D., Associate Dean Clinical Affairs Clinic Operations Committee Chairman, El Paso	