



## CLARIFICATION ON OREGON HEALTHCARE PERSONNEL TB SCREENING

Oregon Administrative Rule [333-019-0041](#) and [333-505-0070](#) requires TB screening of healthcare personnel (HCP) in accordance with the [Guidelines for preventing the transmission of \*Mycobacterium tuberculosis\* in Health-Care Settings](#) and [Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019](#) published by the Centers for Disease Control and Prevention. The TB Program, Oregon Health Authority also endorses the recommendations for implementing a TB screening program found in [Tuberculosis Screening, Testing, and Treatment of US Healthcare Personnel: ACOEM and NTCA Joint Task Force on Implementation of the 2019 MMWR Recommendations](#).

This guidance document covers topics **not** specifically addressed in the above three documents. It is acknowledged that HCP TB screening can be complicated. Please contact the TB Program, OHA with questions at 503-358-8516 or [heidi.behm@state.or.us](mailto:heidi.behm@state.or.us).

### DEFINITION OF TERMS

#### **Healthcare Personnel (HCP):**

Any employee, contractor or volunteer working in a healthcare setting who has repetitive exposure in a confined space to patients. This is further defined by job title in the [Guidelines for Preventing the Transmission of \*Mycobacterium tuberculosis\* in Health-Care Settings](#).

#### **High Risk Contact:**

Any HCW who had a significant exposure to tuberculosis. Determining if an exposure is significant depends upon both case and contact characteristics. Below are some general guidelines. **These may not apply to every situation.** For assistance in determining contact priority, call TB Control, OHA or your local health department.

#### TB contact exposure limits:

- ≥4 cumulative hours in small, poorly ventilated space such as a car or enclosed room
- ≥8 cumulative hours in small well-ventilated space such as an apartment
- ≥12 cumulative hours in a large space such as a classroom or house
- ≥50 cumulative hours in large open area such as an auditorium or church

### CLARIFICATIONS

## **Accepting TB skin test (TST), IGRAs and chest x-rays from other facilities**

1-All employees upon hire should have a TB symptom review and risk assessment. The facility should consider having employees sign a symptom screening form upon hire which includes a statement that infection control/employee health must be notified if TB symptoms develop in the future.

2-For baseline testing upon hire, **a documented negative IGRA (QuantiFERON or T-Spot) from another clinic or facility within one year of date of hire is acceptable.** Anything older than this should be repeated.

3-For baseline testing upon hire, **a documented negative TST within one year of date of hire is acceptable as the first of a two step test.** This means at least one TST will need to be placed by the facility for each new hire.

4- For HCWs with a previously positive TST or IGRA, **any documented normal chest x-ray taken after the HCW's diagnosis with LTBI is acceptable** as evidence of a normal chest x-ray upon hire.

5- For HCWs with a previously positive TB skin test or IGRA, **if documentation of a normal chest x-ray is not available documented treatment of latent TB infection (LTBI) is an acceptable substitute.**

## **Timeframe for completion of baseline TB screening**

1- A hospital shall require documentation of baseline TB screening conducted in accordance with CDC guidelines, within six weeks of the date of hire, date of executed contract or date of being granted hospital credentials.

## **References:**

Jensen P, Lambert L, Iademarco M, et al. [Guidelines for preventing the transmission of Mycobacterium tuberculosis in Health-Care Settings](#) Morbidity and Mortality Weekly Report, Vol. 54, Number RR-17: 1-141; December 30, 2005.

Sosa L, Njie G, Lobato M, et al. [Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019](#) MMWR Morb Mortal Wkly Rep 2019;68:439–443.

Thanassi W, Behrman, A, Reves, R, et al. [Tuberculosis Screening, Testing, and Treatment of US Health Care Personnel: ACOEM and NTCA Joint Task Force on Implementation of the 2019 MMWR Recommendations](#) Journal of Occupational and Environmental Medicine: July 2020 - Volume 62 - Issue 7 - p e355-e369.