CLARIFICATION ON OREGON HEALTHCARE PERSONNEL TB SCREENING


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.

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

02/19/2021
**Accepting TB skin test (TST), IGRA**s 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:**

