Regulation Update:

902 KAR 20:200 *New Regulation effective March 4, 2016*
Tuberculosis (TB) testing for Residents of Long-Term Care Settings
http://www.lrc.ky.gov/kar/902/020/205.htm

Frequently Asked Questions …

Section 1: Definitions

Are there any new Definitions?
The following new terms were incorporated into the definition section to provide standardization and correspond directly with updated CDC guidelines and emerging technology: Airborne Infection Isolation Room (AII), BAMT conversion, Blood Assay for *Mycobacterium tuberculosis* (BAMT), Healthcare workers (HCW), Multidrug-resistant tuberculosis (MDR TB), Nucleic Acid Amplification (NAA), Polymerase Chain Reaction (PCR), Staggered Tuberculosis Testing, and Tuberculosis Risk Assessment.

Section 2: Tuberculosis Testing Requirements for Tuberculin Skin Tests (TSTs)

Can Certified Medical Assistants in LTC facilities administer TSTs?
KBN Advisory Opinion Statement 15: "In Kentucky, 902 KAR 20:048 states that unlicensed personnel known as medication aides or similar titles, may function by administering **oral** and **topical medication** in long-term care facilities only through delegation by and under the supervision of a registered nurse or licensed practical nurse. Unlicensed personnel who function as medication aides must have successfully completed the state approved course for administration of medication as defined in the administrative regulations issued by the Cabinet for Health and Family Services, Office of the Inspector General." Therefore, jper KBN, CMAs may not administer nor read TSTs. (http://kbn.ky.gov/practice/Documents/aos15.pdf)

Is two-step testing necessary for BAMTs?
Two-step testing is not a component of BAMT testing. Two-step testing is useful for the **initial** skin testing of adults who are going to be retested annually, such as health care workers or nursing home residents. This two-step approach can reduce the likelihood that a boosted reaction to a subsequent TST will be misinterpreted as a recent infection. (http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm)

Section 3: TB Risk Assessment and TSTs or Blood Assays for *Mycobacterium tuberculosis* (BAMTs) for Residents

Is it necessary for new staff to have two-step TST testing if they have already had the first-step while employed at another facility?
The initial TST at the new facility shall count as the second-step if the individual provided medical documentation that a one-step TST at another facility occurred within one year prior and the result was interpreted as negative.

Section 4: Admission of Patients under Treatment for Pulmonary Tuberculosis or Other Infectious Tuberculosis Diseases

Can someone be admitted to a facility if they have active TB?
The person has to be declared noninfectious by a licensed physician, advanced practice registered nurse, or physician assistant in conjunction with the local and state health departments.

Section 5: Medical Record or Electronic Medical Record Documentation for Residents

Where should a resident's Risk Assessment and TST or BAMT result(s) be documented?
Results of all TB screenings and testing should be kept in the resident's medical record and preferably documented in a fashion so that year-to-year results are easily viewed for comparison (i.e. TB Testing Log).

Section 6: Medical Evaluations, Chest X-rays, and Monitoring of Residents with a Positive TST, a Positive BAMT or Conversions

Do chest x-rays (CXR) still have to be performed upon admission?
A CXR shall be performed as part of the medical evaluation unless a CXR performed within the previous two (2) months showed no evidence of tuberculosis disease.

If a resident self reports a prior positive TST with localized reaction and refuses a TST on admission, can a CXR be performed in place of a TST?
CDC guidelines recommend to perform a BAMT in place of a TST or CXR.
(http://www.cdc.gov/mmwr/pdf/rr/rr5905.pdf)

When should a resident be placed in isolation?
A resident with symptoms or an abnormal CXR consistent with TB disease shall be isolated in an Airborne Infection Isolation (AII) room or transferred within eight (8) hours of facility staff being aware of a suspected TB diagnosis to a facility with an AII room.

What should be done if a resident doesn't have any TB symptoms and their TST or Blood Assay converts from negative to positive?
The resident needs the following: a TB Risk Assessment; a medical evaluation including an HIV test, unless the resident or other responsible party opts out of HIV testing; and a chest x-ray. If the chest x-ray is negative, then treatment for LTBI shall be offered unless there is a medical contraindication.

Section 7: Monitoring of Residents with a Positive TST, a Positive BAMT, or Conversions

Is a CXR required when a resident has a conversion on their TST or BAMT?
CDC guidelines recommend a CXR is indicated for all persons being considered for treatment of LTBI to exclude active pulmonary TB. (http://www.cdc.gov/mmwr/pdf/rr/rr4906.pdf)

Section 8: Monitoring of Residents with a Negative TST or a Negative BAMT Who Are Residents for Eleven (11) Months or Longer

Is staggered testing for residents a requirement or suggestion?
Staggered testing is a requirement as stated in the new regulations.

How should I determine when to begin staggered testing for a resident?
Staggered screening of residents (e.g., on the anniversary of their admission or on their birthdays) increases opportunities for early recognition of infection-control problems that can lead to conversions in test results for *M. tuberculosis* infection. (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf [page 30].)

Section 9: Responsibility for Screening and Monitoring Requirements: Residents

Who is responsible for coordination and management of screening residents on admission?
A facility's administrator or administrator's designee shall be responsible for ensuring that all TB Risk Assessments, TSTs, BAMTs, chest x-rays, and sputum specimen submissions for residents comply with the requirements in the Regulation. If a facility does not employ licensed professional staff with the technical training to carry out the screening and monitoring requirements, the administrator shall arrange for training or professional assistance from the local health department or from a licensed medical provider.

Section 10: Reporting to Local Health Departments

How should these results be reported to the local health department?
Facilities should complete the KY Reportable Disease Form (EPID-200) and confirm with the local health department in their jurisdiction the preferred method of notification.
EPID-200 form:
http://chfs.ky.gov/NR/rdonlyres/026A1FAE-C7BE-4572-B052-C634BB630723/0/EPID20092014revision.pdf

Section 11: Treatment for LTBI in Residents

What is the treatment for LTBI in residents?
Residents who have been diagnosed with LTBI should receive treatment in accordance with CDC recommendations.
http://www.cdc.gov/tb/publications/ltbi/treatment.htm

Section 12: Compliance Date

What is the compliance date for this regulation?
All health care settings or health facilities subject to the tuberculosis testing requirements of this administrative regulation shall demonstrate compliance no later than **180 days (i.e. August 31, 2016)** after the effective date of this administrative regulation.

Section 13: Supersede

Does this regulation replace all other regulations for healthcare settings?
This regulation only supersedes content mentioned in any other 902 KAR Chapter 20 regulations.

For Additional Information, Contact:

Office of the Inspector General (OIG)
Cabinet for Health and Family Services
Phone (502) 564-2888
http://chfs.ky.gov/os/oig/

Kentucky Tuberculosis Prevention and Control Program
Cabinet for Health and Family Services
Department for Public Health
Phone (502) 564-4276
http://chfs.ky.gov/dph/epi/tb.htm

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