Tuberculosis Prevention & Control Program

Regulation Highlights

TB Testing for Residents in Long-Term Care Settings

Our mission is to improve the health and safety of people in Kentucky through prevention, promotion, and protection.

Kentucky Public Health

Prevent. Promote. Protect.

Revised: 1 / 2024

Contents

Regulation Update

The purpose of this document is for training and/or reference to allow the reader easy navigation of the regulation.

902 KAR 20:200 - Tuberculosis (TB) Testing for Residents in Long-Term Care Settings

Effective March 4, 2016 (Updated 12/20/2022)

https://apps.legislature.ky.gov/law/kar/titles/902/020/200

Section 1: Definitions

• Includes CDC definitions from the "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005"

• Assisted Living Communities (ALC) have been included in the definition of long-term care settings

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

• All residents are required to have two-step testing on admission (only required when using TSTs)

• Identifies healthcare professionals who can perform a TST

• How to measure and interpret a TST result

• Describes the measurements of induration, if the TST result is interpreted as positive, that shall be considered highly indicative of tuberculosis infection in a health care setting. New to some facilities may be that a reaction of five (5) millimeters to nine (9) millimeters of induration may be significant in certain individuals with risk factors described in Section 3(3).

• Lists classification of TST reactions and conversions

• No two-step necessary if a Blood Assay for Mycobacterium tuberculosis (BAMT) is used

Section 3: TB Risk Assessment and TSTs or Blood Assay for Mycobacterium tuberculosis (BAMT) for Residents

• Identifies TB Risk Assessment and who can perform

• A TB Risk Assessment shall be done on all residents receiving a TST or BAMT

• May accept TB testing results within 3 months prior to admission if resident participated in a serial testing program

• The initial TST shall count as the second step if one step TST was negative and given within one year

• Two-step testing must be performed in conjunction with the TB Risk Assessment in order to know your TST classification

Section 4: Admission of Patients under Treatment for Pulmonary Tuberculosis Disease and other Infectious Tuberculosis Diseases

• A LTC setting shall not admit a person under medical treatment suspected or confirmed pulmonary tuberculosis disease or other suspected or confirmed infectious tuberculosis diseases caused by either non-MDR TB or MDR-TB unless the person is declared noninfectious by a licensed physician, advanced practice registered nurse, or physician assistant in conjunction with the local and state health departments

• A LTC setting shall not admit a person under medical treatment suspected or confirmed extrapulmonary tuberculosis disease caused by either non-MDR TB or MDR-TB unless the person is declared noninfectious by a licensed physician, advanced practice registered nurse, or physician assistant in conjunction with the local and state health department

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

• Document TB Risk Assessment and TB testing in the resident's medical record

• Describes documentation requirements for TB Risk Assessment, TSTs, and BAMTs

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

• Upon admission or annual testing, if testing is positive, complete a medical evaluation with HIV testing unless the resident opts out of HIV testing and a chest x-ray

• May accept chest x-rays performed within two months as part of evaluation

• Evaluation must be performed by licensed clinician or physician

• Identifies guidance for offering treatment for Latent TB Infection (LTBI)

• Identifies guidance for resident with symptoms or an abnormal chest x-ray consistent with TB disease

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

• Monitor residents for development of pulmonary symptoms

• For a resident with symptoms for three weeks or longer, perform a medical evaluation and chest x-ray

• If a resident has symptoms or a chest x-ray consistent with TB Disease, move to an Airborne-Infection Isolation (AII) room or transfer to a facility with an AII room within 8 hours of notification of positive result

• Identifies guidance for treating, and annual monitoring

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

• Provide annual risk assessment and TB testing of residents

• Testing should be staggered throughout the year (Monthly, quarterly or semiannually)

• Testing shall be annually in or before the same month as the anniversary date of the resident's last TB Risk Assessment and TST or BAMT

• If resident is symptomatic, move to an AII room or transfer to a facility with an AII room within 8 hours of notification of positive result

• Identifies guidance for treating, and annual monitoring

Section 9: Responsibility for Screening and Monitoring Requirements: Residents

• A facility administrator or designee shall be responsible for ensuring that all TB risk assessments, TSTs, BAMT, CXR, and sputum submissions comply with regulation

• If the healthcare facility does not employ licensed professional staff with technical training to carry out the screening and monitoring requirements, training or professional assistance shall be arranged with the local health department (LHD) or from a licensed medical provider

Section 10: Reporting to Local Health Departments

• Identifies reporting criteria consistent with former regulation

• Some TB-related information should be reported within one business day to LHDs

Section 11: Treatment for LTBI in Residents

• Identifies guidance for treatment of LTBI

• Provide medical evaluation including an HIV test unless the resident opts out of HIV testing and a chest x-ray; offer LTBI treatment

• If a resident refuses treatment, monitor with TB Risk Assessment every 6 months for two years

Section 12: Compliance Date

• Effective March 4, 2016

Section 13: Supersede

• This amendment supersedes requirements stated elsewhere in 902 KAR Chapter 20

For additional information, contact:

Office of the Inspector General (OIG)

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Tuberculosis Prevention & Control Program

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