



GUIDANCE AND CLARIFICATION ON HEALTHCARE WORKER TB SCREENING REQUIREMENTS IN OREGON

Oregon Administrative Rule **333-019-0041** requires TB screening of healthcare workers (HCW) in accordance with the "[Guidelines for preventing the transmission of Mycobacterium tuberculosis in Health-Care Settings](#)," published by the Centers for Disease Control and Prevention. The below are recommended HCW TB screening practices based upon the above CDC guidelines and consensus by a work group comprised of employee health and infection control practitioners at a variety of Oregon hospitals and clinics. Nothing in this guidance prohibits any facility from having more stringent TB screening requirements for HCWs.

DEFINITION OF TERMS

Date of Hire:

The day the employee is hired by the facility, a contract is initiated or an appointment begins.

Healthcare Worker (HCW):

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 whether or not 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

RECOMMENDATIONS

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.**

Using IGRAs at hire when HCW has a previously positive documented TST or IGRA from another facility

1-Accept the previously documented test as positive.

2-Do **not** retest with an IGRA or TST.

3-Refer the employee to their health care provider as appropriate.

Use of IGRAs and TST for contact investigation

1-Closely define group of "high risk contacts" based upon amount and/or type of exposure

2-Either a positive TST or IGRA amongst "high risk contacts" should be accepted as correct. Retesting is not advised.

Assessment and course of action when HCW has probable false positive TST or IGRA during baseline screening or annual testing

1- Review HCW's risk factors for tuberculosis. If the only risk factor is work in healthcare setting and the TST or IGRA is positive, consider that the positive result may be incorrect.

2- If the test is a probable false positive, retest the HCW again with either a TST or IGRA. An IGRA is preferred for retesting. If a TST is used for the retest, it should be a two step test.

Timeframe for completion of baseline TB screening

1- Documentation of baseline screening should be complete within 30 days of the first patient contact.