

Utah Infection Prevention Solutions

Infection Prevention Learning Collaborative

Cycle 1 – Session 9:

Change your TB routine: Tuberculosis screening requirements made easy

Presented on Wednesday, October 4, 2023, by:

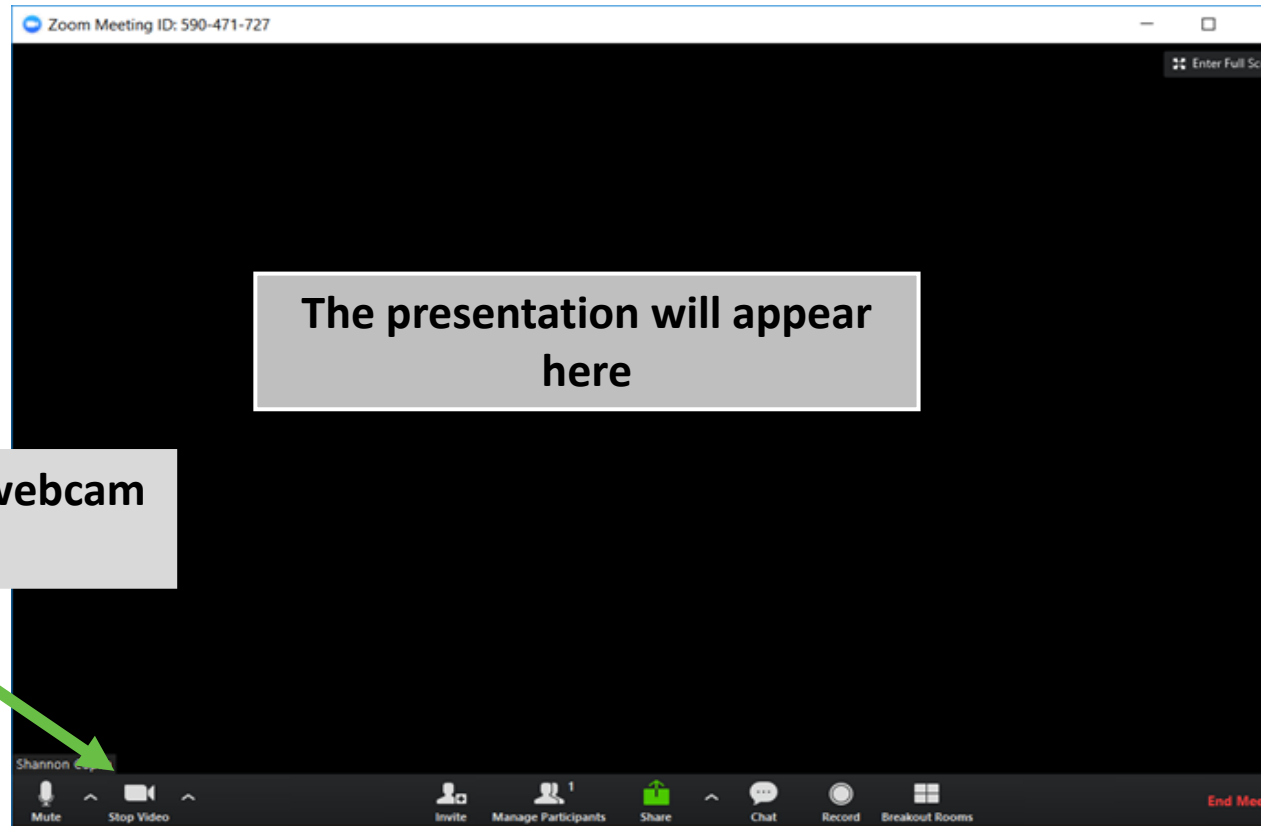
Jen Roeder, RN, MSN, CIC; Nurse Infection Prevention Consultant

Violet Brown, BS, CHES; Improvement Advisor

Kaylie Pickup; Associate Improvement Advisor



Zoom Attendee Controls



Please turn on your webcam if accessible

The presentation will appear here

Mute here when not speaking

For comments or questions, use chat or raise your hand

For phone participants:
*6 to mute/un-mute

1. Click "Join Audio"
2. Identify Participant ID
3. On the phone keypad, dial:
#[Participant ID]#
Example: #49#

Please download the latest Zoom update

UT ECHO Resource Sharing via Padlet

- What is Padlet?
 - A virtual post-it wall for sharing resources and building community
- UT Infection Prevention Padlet
 - ECHO Infection Prevention resources will be shared bi-monthly
 - Access roundtable case submission form
 - No log-in required!



Scan here to access UT Infection Prevention Learning Collaborative - ECHO Padlet



Announcements

The Power of Clean: Environmental Cleaning Workshop

- **Thursday, Oct. 12, 2023, Hilton Garden Inn, St. George, Utah***
[Register](#)
- **Friday, Oct. 27, 2023, Hilton Garden Inn, Salt Lake City Airport***
[Register](#)

**Travel reimbursement is available for rural areas (Limited availability; first-come, first-serve basis. Limited to two staff per rural LTCF-100+ miles from nearest workshop location)*

Introductions



Name, pronouns, location, role



Strangest or most interesting
item near you

Extension for Community Health Care Outcomes (ECHO[®])

Comagine
Health

 Utah Department of
Health & Human Services
Population Health



Agenda

Announcements
and community-
building exercises
(10 min)

Flash talk on
infection prevention
and control
(15 min)

Roundtable
discussion
(15 min)

Q&A, wrap-up
(10 min)

What to expect

What ECHO is:

- Interactive
- Guided practice using real situations
- Collaborative peer-to-peer support
- Safe space to share
- Level playing field
- All teach, all learn

What ECHO isn't:

- Webinar
- Top-down communication

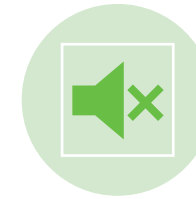
Creating the Culture



ECHO is an all-teach, all-learn platform. Your ideas, questions and answers matter!



If accessible, please turn on your cameras



Remain on mute unless speaking



It is okay to disagree, but please do so respectfully



Do not disclose protected health information (PHI) or personally identifiable information (PII)



Love, respect, kindness, empathy and *fun*!

Flash Talk

Comagine
Health



Utah Department of
Health & Human Services
Population Health

Purpose of Flash Talk



Short 10-15 min presentations

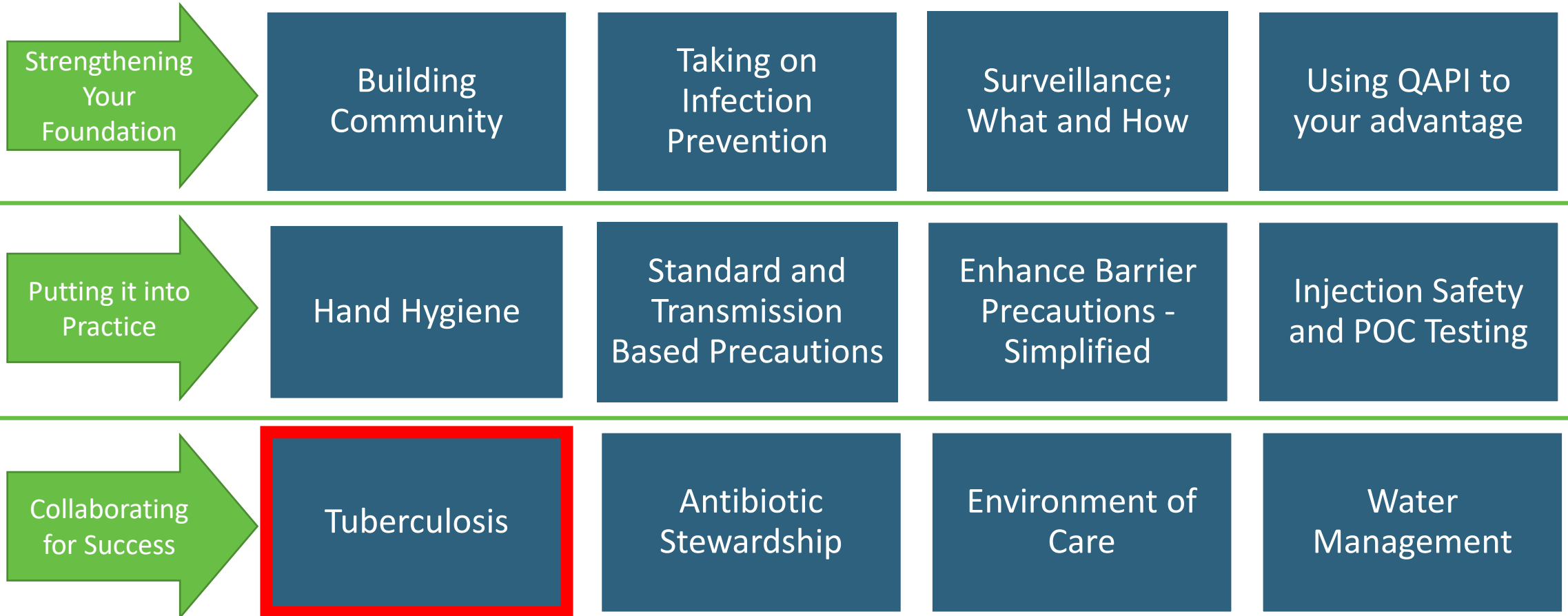


Provide real-life insight, ideas, resources and tools



Summarize and/or simplify current recommendations

Utah Infection Prevention Learning Collaborative (ECHO) 2023 Curriculum



Learning Objectives

Upon completion of this session, participants will be able to:



Describe the current TB screening recommendations.

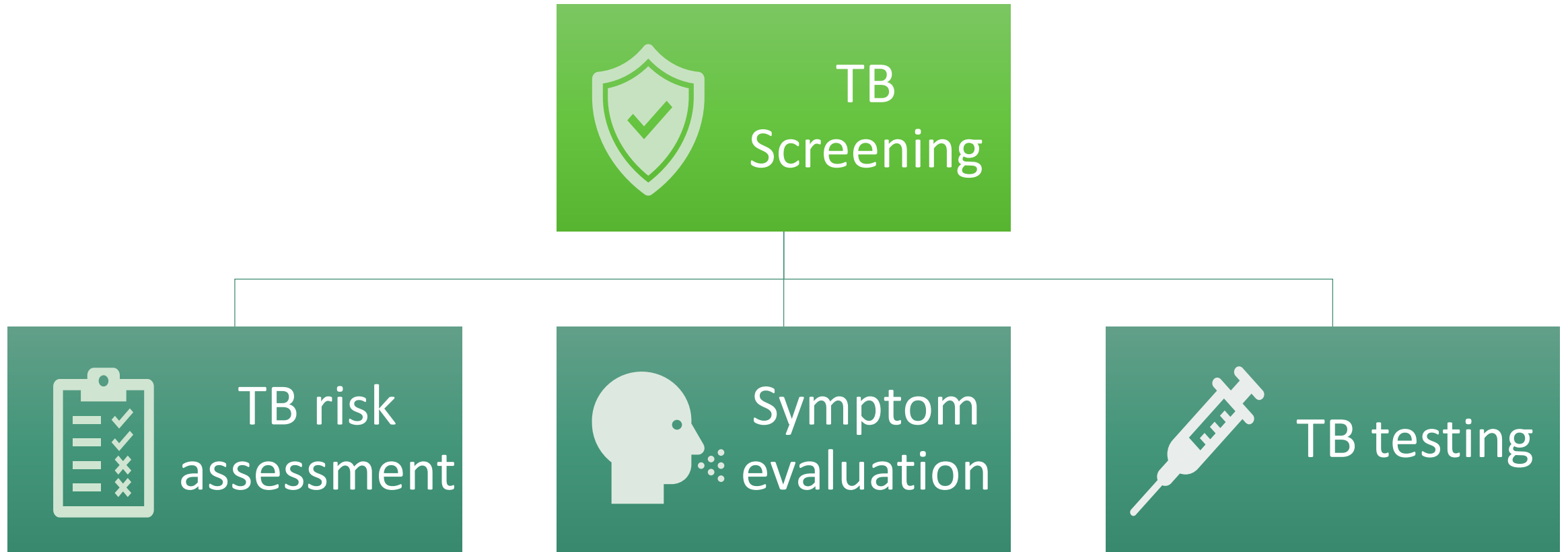


Compare the institutions current TB screening process with the most current recommendations.




Apply the current recommendations to the institutions TB screening process.

What is the Difference: TB Screening vs. TB Testing?







TB Risk Assessment

- A baseline assessment of an individual's risk for developing TB infection



Health Care Personnel (HCP) Baseline Individual TB Risk Assessment

HCP should be considered at increased risk for TB if any of the following statements are marked "Yes":

 Temporary or permanent residence of ≥ 1 month in a country with a high TB rate	YES <input type="checkbox"/>
 <small>Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe</small>	NO <input type="checkbox"/>
OR	
 Current or planned immunosuppression,	YES <input type="checkbox"/>
<small>including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication</small>	NO <input type="checkbox"/>
OR	
 Close contact with someone who has had infectious TB disease since the last TB test	YES <input type="checkbox"/>
	NO <input type="checkbox"/>

Symptom Evaluation

Symptoms of active TB disease:



Cough lasting
3+ weeks



Coughing up blood or
sputum (*phlegm from
deep inside the lungs*)



Chest pain



Weakness
or fatigue



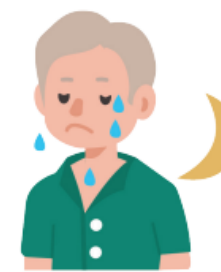
No appetite



Weight loss



Fever and/or chills



Night sweats

TB Testing

- Mantoux tuberculin skin test (TST)



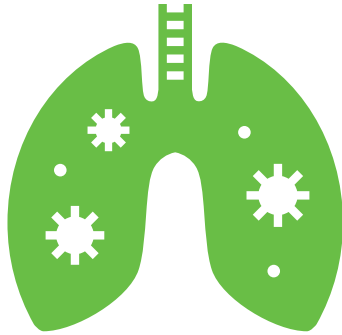
Photo by [CDC/Gabrielle Benenson](#)

- Interferon-gamma release assay (IGRA)
 - QuantiFERON® QFT-TB Gold (QFT-GIT)
 - T-SPOT® .TB Test (T-Spot)

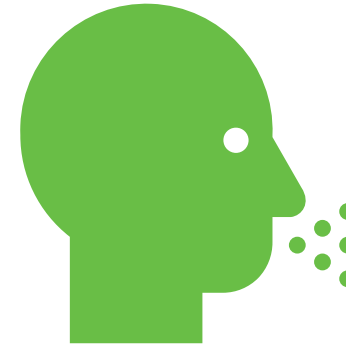


Photo by [CDC/Amanda Mills](#)

LTBI vs TB Disease



Latent TB infection (LTBI): Not symptomatic and not contagious



TB Disease: Active disease with symptoms and is contagious

Regulations, Guidance, Recommendations: What's in a Word?

Must = used to describe requirements mandated by government regulation

May = course of action is permissible within limits of the guideline

Can/cannot = indicated possibility and capability

Shall/shall not = requirements

Should/should not = recommendations

Might/might not = possibility

Regulations Regarding TB Screening of Healthcare Personnel (HCP)

CMS

- Screen staff for TB to the extent permitted under applicable federal guidelines and state law

Utah State Rule R432-150-10 Nursing Care Facility – Staff and Personnel & R432-270-8 Assisted Living Facilities - Personnel

- Employee skin testing by Mantoux method or other FDA approved in-vitro serologic test and follow up for TB **shall** be done in accordance with R388-804, Special Measures for the Control of TB
- The licensee **shall** ensure that all employees are skin-tested for tuberculosis within two week of: initial hiring, suspected exposure to a person with active TB, and development of symptoms of tuberculosis. Skin testing shall be exempted for all employees with know positive reaction to skin testing

Regulations Regarding TB Screening of Residents

CMS

- Appropriate resident tuberculosis screening **should** be performed based on state requirements

Utah State Rule R388-804-4

- Private providers and local health departments **shall** screen individuals considered to be high risk for tuberculosis disease and infection before screening is conducted in the general population. Priorities **shall** be established based on those at greatest risk for disease and in consideration of the resources available.
- Individuals considered at high risk for tuberculosis include the following: residents of nursing homes, mental institutions, other long term residential facilities and homeless shelters

Utah Department of Health and Human Services Tuberculosis Control Manual

- Individuals housed in high-risk congregate settings (long-term care facilities) **should** be screened using the same guidelines as for employees

National Guidelines - CDC



Morbidity and Mortality Weekly Report (MMWR)

Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019

Weekly / May 17, 2019 / 68(19);439-443

Lynn E. Sosa, MD^{1,2}; Gibril J. Njie, MPH³; Mark N. Lobato, MD²; Sapna Bamrah; Morris, MD³; William Buchta, MD^{4,5}; Megan L. Casey, MPH⁶; Neela D. Goswami, MD³; MaryAnn Gruden, MSN⁷; Bobbi Jo Hurst⁷; Amera R. Khan, MPH³; David T. Kuhar, MD⁸; David M. Lewinsohn, MD, PhD⁹; Trini A. Mathew, MD¹⁰; Gerald H. Mazurek, MD³; Randall Reves, MD^{2,11}; Lisa Paulos, MPH^{2,12}; Wendy Thanassi, MD^{2,13}; Lorna Will, MA²; Robert Belknap, MD^{2,11} ([VIEW AUTHOR AFFILIATIONS](#))



CDC: [Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel](#)

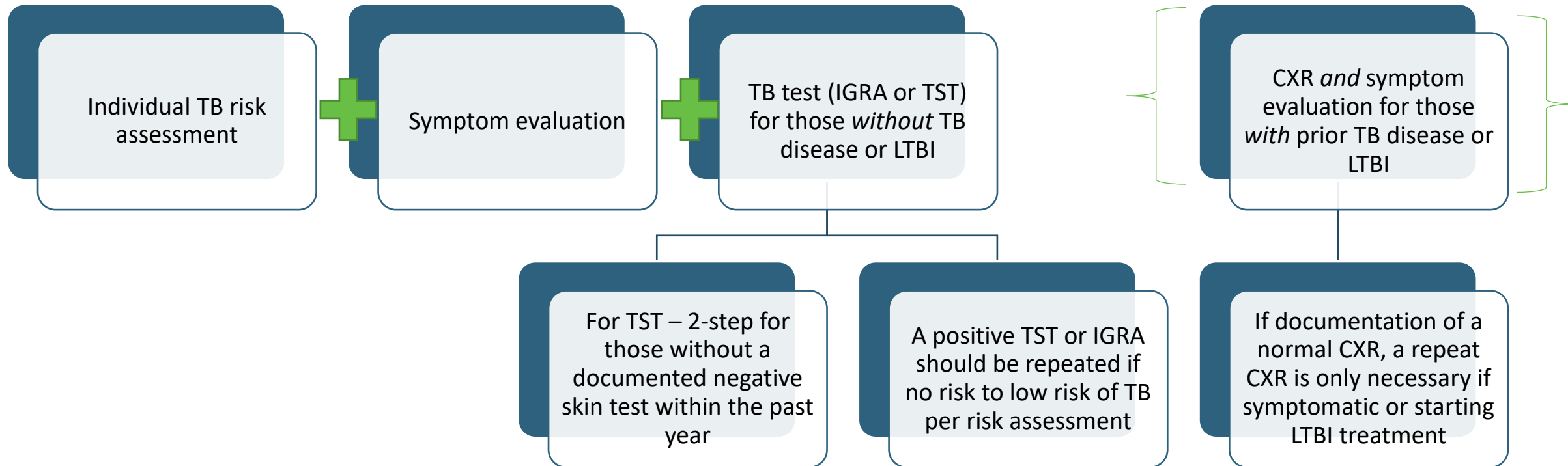
Utah Department of Health

Tuberculosis Control PROGRAM MANUAL



UTAH DEPARTMENT OF
HEALTH

Baseline (Preplacement) Screening and Testing



Serial Screening and Testing for HCP without LTBI

Not routinely recommended

At facility discretion for selected HCP groups

Annual TB education for all HCP, including information about TB exposure risks for all HCP

Facility TB risk assessments should still be completed to guide infection prevention policies and procedures, but no longer drive serial TB screening and testing

Postexposure Screening and Testing



Symptom evaluation
for all HCP when
exposure recognized



TB test (IGRA or TST) for HCP with
baseline negative TB test without
prior TB disease or LTBI when
exposure is identified



If first TB test after
exposure is negative,
do another test 8-10
weeks after last
exposure

Evaluation and Treatment of Positive Test Results



Treatment encouraged for all HCP with untreated LTBI, unless medically contraindicated



Annual symptom evaluation for HCP who do not complete LTBI treatment

One-pager Resource



TB Screening and Testing Requirements

Definitions:

TB screening	• includes TB risk assessment, symptom evaluation <i>and</i> TB testing
TB risk assessment	• assessment of an individual's risk for developing TB infection
Symptom evaluation	• health questionnaire or exam that assesses for symptoms of TB disease
TB testing	• testing for <i>M. tuberculosis</i> infection by either TST or IGRA
TST	• TB skin test
IGRA	• Interferon-Gamma Release Assays (blood test for TB infection)
LTBI	• latent TB infection (not symptomatic and not contagious)
TB Disease	• active disease with symptoms and is contagious
HCP	• healthcare personnel

Category	2019 CDC Recommendations & Utah TB Control Program Manual
Baseline (preplacement) screening and testing	<ul style="list-style-type: none"> Individual TB risk assessment Symptom evaluation TB test (IGRA or TST) for those <i>without</i> prior TB disease or LTBI <ul style="list-style-type: none"> For TST – 2-step for those <i>without</i> a documented negative skin test within the past year A positive TST or IGRA should be repeated if no risk to low risk of TB per risk assessment CXR <i>and</i> symptom evaluation for those <i>with</i> prior TB disease or LTBI <ul style="list-style-type: none"> If documentation of a normal CXR, a repeat CXR is only necessary if symptomatic or starting LTBI treatment
Postexposure screening and testing	<ul style="list-style-type: none"> Symptom evaluation for all HCP when exposure recognized TB test (IGRA or TST) for HCP with baseline negative TB test without prior TB disease or LTBI when exposure is identified If first TB test after exposure is negative, do another test 8-10 weeks after the last exposure
Serial screening and testing for HCP without LTBI	<ul style="list-style-type: none"> Not routinely recommended At facility discretion for selected HCP groups Annual TB education for all HCP, including information about TB exposure risks for all HCP
Evaluation and treatment of positive test results	<ul style="list-style-type: none"> Treatment encouraged for all HCP with untreated LTBI, unless medically contraindicated Annual symptom evaluation for HCP who do not complete LTBI treatment

Additional notes:

- In high-risk congregate settings, including health-care facilities (both in and outpatient) and long-term care facilities (e.g. nursing homes), **individuals housed in these facilities should be screened using the same guidelines as for employees.**
- Facility TB risk assessments should still be completed to guide infection prevention policies and procedures, but no longer drive serial TB screening and testing.

References:

- CDC: [Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019](#)
- CDC: [TB Screening and Testing of Health Care Personnel](#)
- Utah Department of Health: [Tuberculosis Control Program Manual](#)

Reimagining health care,
together.

Version 04.24.2023

comagine.org



Knowledge Check



Roundtable Discussion

Round Table Discussion Format



**Share
background**



**Share specific
question**



**Ask clarifying
questions**



**Group
discussion**



**Summary of
recommendations**

Case Presentation



Background:

Our facility has not yet adopted using the Enhanced Barrier Precautions but would like to hear how other facilities made the transition.



Question:

Should we do one particular unit in the building first, one particular diagnosis, or simply implement facility-wide for all that meet the criteria?

Roundtable Discussion

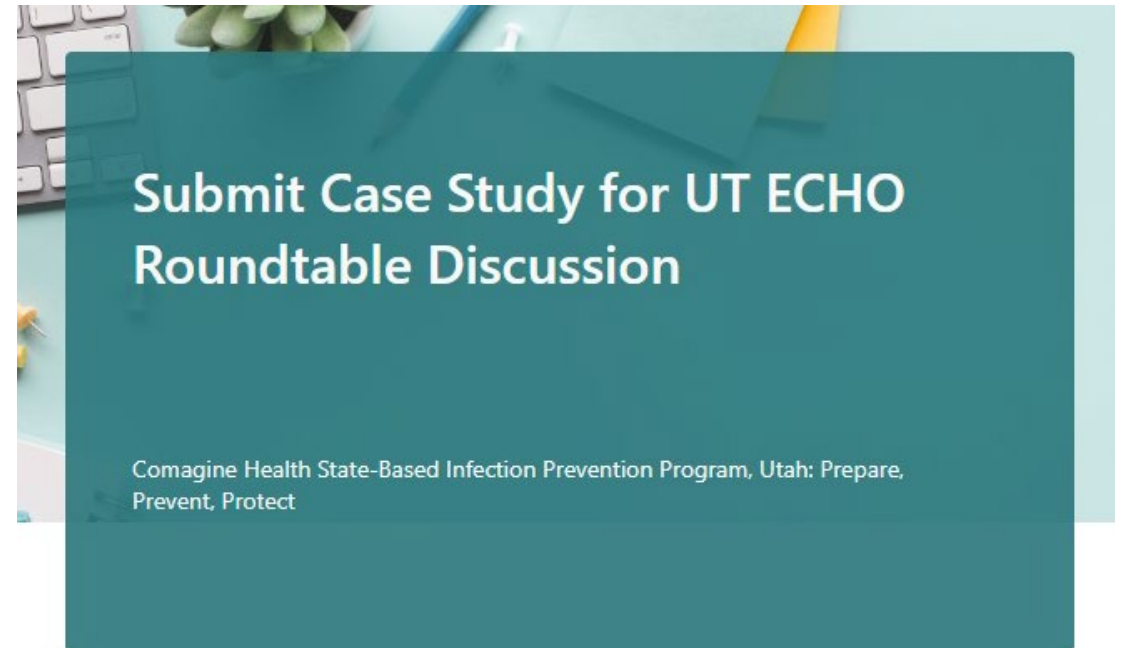


What Makes a Good Case?

- A situation that stumped you
- Reoccurring or rare situations
- Trends you are seeing in the field
- Could be an IP issue that involves challenges with a dynamic nature
 - Clinical
 - Emotional
 - Psychosocial
 - Spiritual
- A specific ask or question for the community to provide input on

ACTIVITY: Roundtable Case Submissions

- Submit cases via Padlet and Microsoft Forms!
 - Fill in 7 short fields to submit
 - Option for the Comagine team to present your case anonymously
- Walk-through activity:
 - Please pull up the [Roundtable Case Submission Form](#)



Wrap-Up



Nursing Continuing Education (CE) Credits

To receive CEs

- Complete the session evaluation survey
- Provide your name and license number

What you'll receive

- 1 credit hour, per session you meet the listed criteria
- Credit is awarded by the Nevada Board of Nursing

When you'll receive it

- In your post-session email

Connecting to APIC

What you receive

- APIC national and local Utah chapter membership (\$230 value)
- APIC Infection Prevention Guide to Long-Term Care, 2nd edition (\$119 value)

Active participation What does it mean?

- Attended a minimum of three out of 12 sessions
- Interact during sessions
- Fill out session evaluations
- Share your information to be enrolled

Coaching and Consultations

- Virtual and on-site 1:1 consultation
- Tailored to your needs and setting
- Sign up by emailing InfectionPreventionAdvisor@comagine.org
- Core components include:

Introduction and program assessment

- Assess current IPC capacity, prioritize needs, set calendar for visitation

Environmental assessment and walkthrough

- Evaluate IPC infrastructure, identify resources and supply needs

Performance improvement plans

- Provide recommendations, PIP templates and support

Monitoring, follow-up and performance improvement

- Assess progress, provide support on continued PIP implementation

Quality assurance

- Assess uptake and sustainability of recommendations

Next Steps

1

Join us for our next session

- October 18
Session 10:
Antibiotic
Stewardship-
A Team Sport

2

Reach out to Comagine Health staff for any questions or assistance

3

Check out the [Learning Collaborative Padlet](#) page

4

[Submit](#) more Roundtable cases

5

Fill out this session's evaluation survey

- Provide your name and license number for CEs

Contact Us

For more information on Comagine Health's Infection Prevention Solutions for LTC facilities in Utah, please contact:

- Email: infectionpreventionadvisor@comagine.org
- Jen Roeder: jroeder@comagine.org
- Violet Brown: (801) 892-6651, vbrown@comagine.org
- Kaylie Pickup: kpickup@comagine.org



Utah Infection Prevention Solutions for skilled nursing facilities, assisted living communities and intermediate care facilities is funded by a grant through the Utah Department of Health and Human Services' Healthcare-Associated Infections Program.