# NEVADA STATE BOARD of DENTAL EXAMINERS



# INFECTION CONTROL COMMITTEE MEETING

# TUESDAY, MARCH 21, 2023

## 6:00 p.m.

## **PUBLIC BOOK**

### Agenda Item 4(a):

Discussion, Consideration, and Possible Recommendation to the full Board Regarding Proposed Adjustments to the Infection Control Survey Form, TB Testing for all Dental Health Care Workers Per CDC Recommendation and Nevada State TB Testing Requirements

#### Nevada Tuberculosis Program:

## Healthcare Facilities Tuberculosis Screening Manual



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#### PURPOSE OF THIS MANUAL

The purpose of this manual is to provide healthcare facilities in Nevada with direction from the Nevada Division of Public and Behavioral Health (DPBH) Tuberculosis (TB) Program on TB screening and surveillance activities that are required by state law and statutes (Nevada Administrative Code, NAC, and Nevada Revised Statute, NRS). To streamline the process of TB screening, the DPBH TB Program has also provided a set of standardized forms.

#### GENERAL INFORMATION

## Which Healthcare Facilities Are Required to Conduct TB Screening & Surveillance Activities?

The term healthcare facility in this manual includes all types of Nevada licensed medical and/or healthcare facilities, facilities for the dependent, and homes for individual residential care that are required under Nevada law to conduct TB screening and surveillance activities for healthcare employees/personnel/workers/contractors/volunteers, paid or unpaid, herein referred to as healthcare personnel (HCP), formerly referred to as healthcare workers (HCW), and residents/patients/clients within their facilities. The full laws can be found at

- NRS/NAC 449: Delineates definitions and specifies which licensed facilities will perform TB screening activities; <u>https://www.leg.state.nv.us/NRS/NRS-449.html#NRS449</u> and <u>https://www.leg.state.nv.us/NAC/NAC-449.html</u>
- **NAC 441A:** Delineates how TB screening activities should be performed; <u>https://www.leg.state.nv.us/NAC/NAC-441A.html#NAC441A</u>.

**Nevada Administrative Code (NAC) 441A.375** states that "Medical facilities, facilities for the dependent, homes for individual residential care and outpatient facilities" must conduct TB screening and surveillance activities to include the "Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment."

**NAC 441.380** states that before "admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care" TB activities must be completed of "Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation."

A Medical facility is defined by Nevada Revised Statutes (NRS) <u>449.0151</u> to include the following 16 subtypes of facilities:

- 1. A surgical center for ambulatory patients
- 2. An obstetric center
- 3. An independent center for emergency medical care
- 4. An agency to provide nursing in the home
- 5. A facility for intermediate care
- 6. A facility for skilled nursing
- 7. A facility for hospice care
- 8. A hospital

- 9. A psychiatric hospital
- 10. A facility for the treatment of irreversible renal disease
- 11. A rural clinic
- 12. A nursing pool
- 13. A facility for modified medical detoxification
- 14. A facility for refractive surgery
- 15. A mobile unit
- 16. A community triage center

Definitions of the medical facilities subtypes, facilities for the dependent, homes for individual residential care and outpatient facilities can be found within <u>NAC 449</u> and <u>NRS 449</u>.

# What Is the Definition of Healthcare Personnel (HCP) as It Pertains to the TB Laws in the NAC and NRS?

In this manual, the term "Healthcare Personnel" (HCP) refers to the following categories as defined by the Centers for Disease Control and Prevention (CDC)\*. It is the healthcare facility's responsibility to determine which healthcare personnel should be included in their facility's infection control plan, as well as the initial and annual TB Screening activities.

- Administrators or managers
- Bronchoscopy staff
- Chaplains
- Clerical staff
- Computer programmers
- Construction staff
- Correctional officers
- Craft or repair staff
- Dental staff
- Dietician or dietary staff
- ED staff
- Engineers
- Food service staff
- Health aides
- Health and safety staff
- Homeless shelter staff
- Housekeeping or custodial staff
- Infection-control staff
- ICU staff
- Janitorial staff
- Laboratory staff
- Maintenance staff

- Outreach staff
- Pathology laboratory staff
- Patient transport staff, including EMS
- Pediatric staff
- Pharmacists
- Phlebotomists
- Physical and occupational therapists
- Physicians (assistant, attending, fellow, resident, or intern), including anesthesiologists, pathologists, psychiatrists, or psychologists
- Public health educators or teachers
- Public safety staff
- Radiology staff
- Respiratory therapists
- Scientists
- Social workers
- Students (e.g., medical, nursing, technicians, and allied health)
- Technicians (e.g., health, laboratory, radiology, and animal)
- Veterinarians
- Volunteers

Morgue staffNurses

In addition, an HCP who performs any of the following activities should also be included in the TB screening program:

- Entering patient rooms or treatment room whether or not a patient is present;
- Participating in aerosol-generating or aerosol producing procedures (e.g. bronchoscopy, sputum induction, and administration of aerosolized medications);
- Participating in suspected or confirmed *M. tuberculosis* specimen processing; or
- Installing, maintaining, or replacing environmental controls in areas in which persons with TB disease are encountered.

<sup>\*</sup> CDC MMWR publications regarding HCP TB testing referenced here are: (1) Centers for Disease Control and Prevention. "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005." MMWR 2005;54(No. RR-17): 1-121; and, (2) Sosa LE, Njie GJ, Lobato MN, et al. "Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019." MMWR Morb Mortal Wkly Rep 2019;68:439–443.

#### TUBERCULOSIS SCREENING AND TUBERCULOSIS SURVEILLANCE

For clarification purposes, the DPBH TB Program has differentiated screening and surveillance activities to be defined as follows.

#### **Tuberculosis Screening**

"TB Screening" includes diagnostic tests that are used to diagnose TB disease. The most common TB screening test is the tuberculin skin test (TST) or interferon-gamma releasing assay (IGRA) blood test. The TST (2-step TST) or IGRA is given to a resident/patient upon admittance into a healthcare facility and to HCP before initial employment activities begin. TB screening activities may also include an individual TB risk assessment, a signs and symptoms questionnaire, a medical evaluation, a chest X-ray, and additional diagnostic testing. After initial admittance TB screening activities, residents/patients should receive TB tests on an annual basis (Exceptions – see page 10 of this manual for testing law review, NAC 441A.380). For HCP, after initial placement/hire TB screening activities, the serial or annual TB testing requirements depend on the healthcare facility's infection control policy.

*Note*: There may be instances when TB screening activities do not include an actual TB test (TST or IGRA) but use methods to watch for the development of pulmonary symptoms. These non-testing TB screening methods will include the use of a *Signs and Symptoms Questionnaire*. A specific questionnaire has been created by the DPBH TB Program and its use is strongly recommended. HCP and patient/resident questionnaires can be found on pages 21-25 of this manual or at <a href="http://dpbh.nv.gov/Programs/TB">http://dpbh.nv.gov/Programs/TB</a> Resources, Forms page.

#### Tuberculosis Surveillance

"Tuberculosis Surveillance" is the ongoing systematic collection and analysis of TB data through mandatory case reporting by local laboratories and healthcare providers. The provision of data leads to actions to prevent and control TB disease. The data is reported in the form of confidential morbidity reports or lab results and contain information on the disease diagnosis or suspect diagnosis (results may be a positive TST, positive IGRA, other laboratory results, or abnormal chest X-rays). These positive tests are then confidentially sent to the appropriate local health authority (health department or state) for follow up and further investigation.

- When it is determined that an individual does have suspected TB or active TB disease, the local health authorities provide individual case management and treatment services. They also have the capability to conduct outbreak investigations, as needed.
- There are several types of healthcare professionals that are required by Nevada law (<u>NAC</u> <u>441A.225-255</u>) to report suspect or active cases to their local health authority:
  - Healthcare Providers;
  - Director or other person in charge of a medical laboratory;
  - Director or other person in charge of a medical facility or a correctional facility;
  - Parole Officer or Probation Officer;
  - Principal, Director or other person in charge of a school or child care facility;
  - Person in charge of a blood bank;
  - Registered pharmacist and intern pharmacist;
  - Health insurer who requires or requests an applicant for a policy of life insurance to be subjected to any medical, clinical or laboratory test that then produces evidence consistent with the presence of tuberculosis; and

 Any person who reasonably suspects or knows that another person has tuberculosis and knows that the other person is not receiving healthcare services from a healthcare provider.

*Note*: Not specifically included in the NAC language, an individual with a case of active TB disease may be treated by a primary healthcare provider in lieu of the local health authority; however, the local health authority must still be notified of any suspect/active TB cases within 24 hours of discovery.

## Nevada Law Pertaining to Healthcare Personnel (HCP) TB Screening and TB Surveillance Activities

Nevada Administrative Code, <u>NAC 441A.375</u>, designates HCP specified TB-related activities to be conducted by "Medical facilities, facilities for the dependent, homes for individual residential care and outpatient facilities: Management of cases and suspected cases; surveillance and testing of certain employees and independent contractors; counseling and preventive treatment." Below is a copy of NAC 441A.375 that was revised and approved by the Nevada Board of Health in June 2019 (updated regulations pending publication):

- 1. A case having tuberculosis or a suspected case considered to have tuberculosis in a medical facility, a facility for the dependent or an outpatient facility must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of <u>NAC 441A.200</u>.
- 2. A medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility shall maintain surveillance of employees and independent contractors of the facility or home, who provide direct services to a patient, resident or client of the facility or home, for tuberculosis and tuberculosis infection.
- 3. Before an employee or independent contractor described in subsection 2 first commences to work in a medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility the employee or independent contractor must have a:
  - a. Physical examination or certification from a healthcare provider which indicates that the employee or independent contractor is in a state of good health and is free from active tuberculosis and any other communicable disease; and
  - b. Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered.
- 4. A tuberculosis screening test must be administered to each employee or independent contractor described in subsection 3 not later than 12 months after the last day of the month on which the employee accepted the offer of employment, and annually thereafter, unless the medical director of the facility or a designee thereof determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination at least annually. The risk of exposure and corresponding frequency of

examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of <u>NAC</u> 441A.200.

*NOTE* - Important 2019 updated CDC recommendations apply to the above: NAC 441A.200, subsection 2, provides for "the most current version of a recommendation, guideline or publication adopted by reference pursuant to subsection 1 which is published will be deemed to be adopted by reference." In May 2019, the CDC published updates to the referenced subsection 1 (h) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005." The DPBH has determined acceptable inclusion of these updated CDC recommendations for discontinuation of annual TB testing of certain HCP in the absence of exposure or ongoing transmission. A healthcare facility must still complete, and retain as documentation, an annual facility TB risk assessment and its approval by the medical director or designee thereof. These updated recommendations are discussed on pages 11 & 12 of this manual or may be found in "Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019". Sosa LE, Njie GJ, Lobato MN, et al. <u>MMWR</u> Morb Mortal Wkly Rep 2019;68:439–443.

- 5. An employee or independent contractor described in subsection 2 who has a documented history of a positive tuberculosis screening test shall, not later than 6 months after commencing employment, submit to a chest radiograph or produce documentation of a chest radiograph\* and be declared free of tuberculosis disease based on the results of that chest radiograph. Such an employee or an independent contractor:
  - a. Is exempt from screening with blood or skin tests or additional chest radiographs; and
  - b. Must be evaluated at least annually for signs and symptoms of tuberculosis.
- 6. An employee or independent contractor described in subsection 2 who develops signs or symptoms which are suggestive of tuberculosis must submit to diagnostic tuberculosis screening testing for the presence of active tuberculosis as required by the medical director or other person in charge of the applicable facility or home, or his or her designee.
- 7. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.
- 8. A medical facility shall maintain surveillance of employees and independent contractors described in subsection 2 for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee or independent contractor must be evaluated for tuberculosis.
- 9. As used in this section, "outpatient facility" has the meaning ascribed to it in NAC 449.999417.

<sup>\*</sup> Although the CDC recommends up to six months for obtaining or receiving an interpretable chest radiograph copy, the DPBH TB Program recommends obtaining a chest x-ray/radiograph within 30 days.

## Nevada Law Pertaining to Resident/Patient/Client TB Screening and TB Surveillance Activities

Nevada Administrative Code, <u>NAC 441A.380</u>, designates resident/patient/client specified TBrelated activities for "Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation." Below is a copy of NAC 441A.380 that was revised and approved by the Nevada Board of Health in June 2019 (updated regulations pending publication):

- 1. The staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall:
  - a. Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his or her sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis.
  - b. Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless:
    - 1) The person had a documented tuberculosis screening test within the immediately preceding 12 months, the tuberculosis screening test is negative and the person does not exhibit any of the signs or symptoms of tuberculosis set forth in paragraph (a); or
    - 2) There is not a person qualified to administer the test in the facility or home when the patient is admitted...the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient admitted, whichever is sooner.
  - c. If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test.
- 2. Except as otherwise provided in this section, after a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a tuberculosis screening test annually thereafter, unless the medical director or a designee thereof determines that the risk of exposure is appropriate for testing at a more frequent or less frequent interval and documents that determination at least annually.
- 3. A person with a documented history of a positive tuberculosis screening test shall, upon admission to a facility described in subsection 1, submit to a chest radiograph or produce documentation of a chest radiograph and be declared free of tuberculosis disease based on the results of that chest radiograph. Such a person is exempt from skin testing and routine annual chest radiographs, but shall be evaluated at least annually.
- 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that the person has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation.

- 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he or she has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider:
  - a. Determines, in accordance with the guidelines adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200, that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he or she is no longer infectious; and
  - b. Coordinates a plan for the treatment and discharge of the person with the health authority having jurisdiction where the facility is located.
- 6. A healthcare provider shall not determine that the person does not have active tuberculosis or certify that a person with active tuberculosis is not infectious pursuant to subsection 5 unless:
  - a. The healthcare provider has obtained not less than three consecutive negative sputum AFB smear results, with the specimens being collected at intervals of 8 to 24 hours and at least one specimen collected during the early morning; and
  - b. If the healthcare provider determines that the person likely suffers from active tuberculosis disease:
    - 1) The person has been on a prescribed course of medical treatment for at least 14 days and his or her clinical symptoms are improving; and
    - 2) The healthcare provider has determined that the tuberculosis is not likely to be drug resistant.
- 7. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis, as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.
- 8. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.
- 9. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical records.

## What Is the Definition of the Medical Director as It Pertains to the NAC 441A.375 and 380?

The term **medical director** is not uniformly defined within the NAC and NRS but is defined for specific settings within the NAC and NRS. Generally, the definition of medical director is a physician licensed to practice medicine in the state of Nevada who provides guidance and leadership regarding medical practice and policies within a healthcare organization.

#### EXCEPTIONS FOR TB TESTING ACTIVITIES

## Are There Exceptions in the Nevada TB Law That State Individuals, HCP or Residents/Patients, Can Be Excepted from TB Testing with a TST or IGRA?

Yes, there are three common exceptions for TB testing upon initial hire/employment/placement or admittance:

- 1. If the individual has valid documentation of a one-step TST within the past 12 months, then only the 2<sup>nd</sup> part of the two-step TST is required to be completed. This second step TST must be completed at the time of hire, pre-duties, or admittance to a facility (*not* within 12 months of the previous TST).
- 2. If an individual has a documented past allergic or adverse reaction to the TST (tuberculin skin test), then an IGRA blood test (QuantiFERON® or TSPOT®) should be offered in place of the skin test.
- 3. If an individual has a *documented*:
  - a) history of past TB disease or latent TB infection (LTBI), whether LTBI was treated or untreated;
  - b) past positive IGRA or TST result that a healthcare provider believes represents a true positive result and is not suspected of false positivity.

Then the following screenings should be performed in place of actual IGRA/TST testing:

- Evaluated for signs and symptoms and complete a *Signs and Symptoms Questionnaire* (see DPBH TB created forms on pages 21 through 25 of this manual).
- Chest X-ray results must also be consulted and documented. Existing documentation of the chest x-ray does not need to be repeated unless the individual has signs and symptoms of active TB disease or if recommended by the healthcare provider.

*Note*: Past BCG vaccination is not an exception to the law. An IGRA blood test should be offered in place of the TST.

#### Annual TB Testing: Are There Provisions in the Law That State a Healthcare Facility Can Use an Alternate TB Screening Activity Besides Annual TB Testing for HCP and Residents/Patients?

Yes, there is a provision that is based on CDC guidance. The healthcare facility must complete and retain as documentation an annual facility TB risk assessment that is approved by the medical director or designee thereof (see page 9 of this manual for a definition). Using the CDC's *Facility Risk Assessment Worksheet* is highly recommended and can be found in the CDC's "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005". MMWR 2005;54(No. RR-17): 1-121, Appendix B. See pages 13 and 14 of this manual for additional information.

#### UPDATES TO THE CDC GUIDELINES FOR HEALTHCARE PERSONNEL TB TESTING (Updated May 2019)

## Are the Recent May 2019 Updated CDC Guidelines for TB Testing HCP Applicable to Nevada Law?

Yes, the May 2019 updated CDC guidelines for HCP TB testing (*excludes resident/patient testing*) may be incorporated into a healthcare facility's infection control policies if the facility's medical director (see page 9 of this manual for a definition) or designee thereof determines this acceptable for the facility and completes an annual healthcare facility *Facility Risk Assessment Worksheet*; see pages 13-14 for more information. The annually completed facility risk assessment guides infection control policies and assists in evaluation for potential exposure and ongoing transmission within the facility.

Note:

- Per the 2019 updated recommendations, a facility's designation as Low-risk or Medium-risk is no longer a consideration for TB testing frequency of HCP.
- The 2019 updated recommendations are intended for Healthcare Personnel (HCP) and do not specifically reference resident/patient/client or inmate testing. Per Nevada law, NAC 441A.380, a facility must have a medical director (see page 9 of this manual for a definition) or designee thereof determine a lesser frequency for resident/patient serial TB testing based on its annual facility TB risk assessment.

**2019 updated CDC guidelines for HCP TB testing**, as found in "Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019." Sosa LE, Njie GJ, Lobato MN, et al. MMWR Morb Mortal Wkly Rep 2019;68:439–443, recommend the following:

- Continued emphasis on completion of an annual Facility TB Risk Assessment;
  - This provides information for Infection Control policy and practice.
- Baseline (preplacement) TB screening to include;
  - TB test with IGRA or TST (2-step TST in Nevada);
  - Symptoms evaluation;
    - And,
- Administering a baseline (pre-placement) Individual TB Risk Assessment\*;
  - o Individual TB risk assessments only to be used upon hire/pre-placement;
  - This provides information useful in interpreting TB testing results.
- Not performing routine annual TB testing of HCP;
  - Facilities may consider serial TB testing for select HCP groups.
- Conducting annual TB education for *all* HCPs;
  - Training should include information about individual TB exposure risks (community and occupational).
- Strongly encourage treatment for all untreated LTBI in HCPs.

<sup>\*</sup>The Individual TB Risk Assessment is a new recommendation and should be used preplacement only. The *Nevada Healthcare Personnel Baseline TB Individual Risk Assessment* form can be found at the DPBH website, or page 26 of this manual. A CDC developed individual TB risk assessment can be found on the <u>CDC website</u>.

#### **IMPORTANT:**

The facility must still complete an annual *Signs and Symptoms Questionnaire* for all individuals who have a documented history of a positive TB test. Please see page 21 of this manual for instructions on administering the Nevada *Signs and Symptoms Questionnaire*.

After known exposure to a person with potentially infectious TB disease and *without* the use of adequate personal protection, postexposure screening and testing of HCP must be conducted.

#### Comparison of CDC HCP TB Testing Recommendations, 2005 and 2019

The following table has been retrieved from the 2019 MMWR at MMWR Morb Mortal Wkly Rep 2019;68:439-443

TABLE Comparison of 2005* and 2019+	recommendations for tuberculosis (TB)	screening and testing	of U.S. health care	nersonnel (HCP)
TABLE. Companson of 2005 and 2015		screening and testing	j or 0.5. neartr care	

Category	2005 Recommendation	2019 Recommendation
Baseline (preplacement) screening and testing	TB screening of all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI.	TB screening of all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI (unchanged); individual TB risk assessment (new).
Postexposure screening and testing	Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure.	Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure (unchanged).
Serial screening and testing for HCP without LTBI	According to health care facility and setting risk assessment. Not recommended for HCP working in low- risk health care settings. Recommended for HCP working in medium-risk health care settings and settings with potential ongoing transmission.	Not routinely recommended (new); can consider for selected HCP groups (unchanged); recommend annual TB education for all HCP (unchanged), including information about TB exposure risks for all HCP (new emphasis).
Evaluation and treatment of positive test results	Referral to determine whether LTBI treatment is indicated.	Treatment is encouraged for all HCP with untreated LTBI, unless medically contraindicated (new).

Abbreviations: IGRA = interferon-gamma release assay; LTBI = latent tuberculosis infection; TST = tuberculin skin test.

\* Jensen PA, Lambert LA, lademarco MF, Ridzon R. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. MMWR Recomm Rep 2005;54(No. RR-17). https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm.

All other aspects of the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005 remain in effect, including facility risk assessments to help guide infection control policies and procedures.

#### Retention of the Annual Facility Risk Assessment

Per NAC regarding annual TB testing, the CDC's *Facility Risk Assessment Worksheet* must be completed annually and determined to be accurate by the medical director of the facility or designee thereof. This document should be kept on file and available at the facility for inspection. See excerpt of the law below:

**NAC 441A.375, 3 (b)** ...An annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or a designee thereof determines that the risk of exposure is appropriate for a lesser frequency of testing and *documents that determination at least annually*.

#### FACILITY RISK ASSESSMENT WORKSHEET & TIPS

# Where Can I Find More Information on the CDC's Healthcare Facility TB Risk Assessment and the Processes to Complete the Worksheet?

A healthcare facility, facility for the dependent, outpatient facility, medical facility for extended care, skilled nursing or intermediate care may elect not to annually TB test HCP or residents if the facility completes an annual facility TB risk assessment and it is reviewed by the medical director (see page 9 of this manual for a definition) or designee thereof. However, annual TB screening using a TB signs and symptoms questionnaire must continue to be conducted for those with a documented positive TB test or history of LTBI/TB. Healthcare facilities may utilize the *Nevada Tuberculosis Signs and Symptoms Questionnaire* found on pages 21-25 of this manual.

More information on the CDC's *TB Risk Assessment Worksheet (Appendix B)* and guidelines can be found in the 2005 MMWR, "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005." MMWR 2005;54(No. RR-17): 1-121. This 2005 MMWR can be retrieved from the CDC webpage: <u>https://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</u>

Additionally, the <u>DPBH TB website</u> provides these helpful resources for completing the risk the *Facility Risk Assessment Worksheet*:

- CDC Form: <u>Healthcare Facility Risk Assessment Worksheet (Appendix B)</u>
- CDC Form: <u>Healthcare Facility Risk Classification (Appendix C)</u>
- Annual Nevada TB Incidence, Publication: <u>TB Fast Facts</u> (2007 current)
- CDC Reports, Publications: <u>Guidelines for Preventing the Transmission of Mtb in</u> <u>Healthcare Settings</u>, 2005
- CDC Reports, Publications: TB Screening, Testing, and Treatment of HCP in U.S., 2019

#### Tips for Completing the CDC's Healthcare Facility TB Risk Assessment Worksheet

1. Healthcare facilities can use this worksheet template form for settings related to HCP or to residents/patients.

Note: A separate form is needed for each of the two groups, annually.

2. A healthcare facility's risk classification for a setting is:

-Low-Risk -Medium-Risk

-Potential Ongoing Transmission

*Note:* Per the 2019 updated recommendations, a facility's designation as Low-risk or Medium-risk is no longer a consideration for TB testing frequency of HCPs.

- 3. A healthcare facility may have more than one setting and, therefore, more risk classifications within its facility or network of facilities.
  - For each separate facility, setting, or department, a separate *Facility Risk Assessment Worksheet* must be completed annually.

- For example, a large hospital that has isolation rooms, an ER, and a lab that manipulates sputum will need to annually complete a separate *Facility Risk Assessment Worksheet* for each of these settings/departments.
- 4. A facility's, or setting's, risk classification may change at any time during the year. Evidence of exposure or ongoing transmission should be addressed at that time and should not wait for the annual TB facility risk assessment.
- 5. When completing responses to areas of the CDC's Facility Risk Assessment Worksheet:
  - Yes/No or requested responses are required if the healthcare facility has the applicable equipment/service/department.
  - Not Applicable/NA responses may be appropriate for some facilities without the applicable equipment/service/department.
- 6. Documents must be completed by staff who are authorized to do so:
  - The CDC's *Facility Risk Assessment Worksheet* can only be completed by a facility's "medical director or a designee thereof" (NAC 441A. 375. 3b, & NAC 441A.380. 2).
    - Example: The medical director appoints the Infection Control personnel.

#### REPORTING LAW UPDATES: TB AND LATENT TB INFECTION (LTBI)

#### Updated Language to NAC 441A.350 Related to TB & LTBI Reporting, June 2019

Below is the language approved by the State Board of Health, effective June 26, 2019:

**NAC 441A.350** A healthcare provider shall notify the health authority within 24 hours of discovery of any case having active tuberculosis or any suspected case considered to have active tuberculosis who:

- 1. Fails to submit to medical treatment or who discontinues or fails to complete an effective course of medical treatment prescribed by a healthcare provider in accordance with the recommendations, guidance and publications adopted by reference pursuant to NAC 441A.200;
- 2. Has shown a positive reaction to the Mantoux tuberculin skin test [TST] or another diagnostic test [IGRA] recognized by the United States Food and Drug Administration; or
- 3. Has completed a course of medical treatment prescribed by a health care provider in accordance with the guidelines adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

NAC 441A.350 subsection 2 contains updated language requiring reporting latent tuberculosis infection (as represented by a positive TST or IGRA test) for *all* individuals, not solely for those under five years of age as previously required. Subsection 3 is a new addition to the law for reporting of treatment completion.

#### The Significance of the Updated LTBI Reporting Law (NAC 441A.350; 2)

Individuals with a positive TST or IGRA test, absence of sign or symptoms indicative of TB disease, and a recent chest X-ray (CXR) result not suggestive of TB-related pathology are considered infected with *Mycobacterium tuberculosis* bacteria, also termed latent TB infection (LTBI), and not experiencing active, infectious TB disease.

The state of Nevada and the DPBH recognize the importance of reporting LTBI for the surveillance of LTBI prevalence and the risk of progression to active TB disease within the Nevada population. Therefore, in June 2019, the State Board of Health approved the expansion of LTBI reporting to include *all* individuals with a positive TB test result (TST or IGRA). Formerly, reporting of LTBI was mandated for children less than five years of age. For more information on risk factors associated with acquiring TB infection, risk factors associated with the progression of LTBI into active TB disease, diagnosis of LTBI, and treatment of LTBI, please visit the <u>CDC TB website</u> or consult with your local health department TB program or state TB program.

The updated CDC guidelines for HCP TB testing includes identifying LTBI in HCPs and encouraging treatment completion for all untreated LTBI in HCPs. Below is an excerpt from the May 2019 updated guidelines:

"Health care facilities should aim to identify LTBI among health care personnel and encourage LTBI treatment. Health care facilities are urged to collaborate with public health agencies to assist in achieving this goal. Public health agencies can serve as a source for technical assistance, medical consultation regarding diagnosis and treatment of LTBI, and clarification of state or local regulations, surveillance requirements, and guidelines."

Retrieved from: https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6819a3-H.pdf .

The treatment of individuals diagnosed with LTBI and with a high risk of progression to active TB disease is encouraged by the DPBH TB Program as well as by the CDC. Treatment for LTBI provides the benefit of decreasing an individual's likelihood of progressing to active disease over his or her lifetime. Noteworthy, in the United States, more than 80% of TB disease cases originate from LTBI progression to active TB disease.

#### What LTBI Information Should Be Reported and How?

Reporting of LTBI should be made to the local health department or state and include:

- *Latent Tuberculosis Infection (LTBI) Confidential Report Form,* recommended and available at the <u>DPBH TB Forms webpage</u> or found in Appendix B of this manual, pages 50-51; or an alternative form in accordance with reporting requirements per <u>NAC 441A.225-240</u>.
- TB test results and date (TST or IGRA);
- Chest X-ray results and date;
- Treatment status (referral for treatment: to whom; or, on-site: treatment regimen).

#### The Report of Completed Course of Medical Treatment (NAC 441A.350; 3)

Reporting the completion of treatment for TB disease and LTBI facilitates the communication between HCPs and public health authorities. Through this report, assessment of the treatment adequacy and the treatment outcome can be monitored and provide accurate required national disease surveillance data.

#### NEVADA TUBERCULOSIS TESTING RECORD INSTRUCTIONS

#### Documentation

Complete a *TB Test Record* with the HCP or resident/patient. This TB test record should be similar to the DPBH TB Program template. This template is recommended and can be found on pages 17-18 for residents/patients and pages19-20 for HCPs. Ensure all fields are correctly and completely filled out. Once completed, place the validated document in HCP or resident/patient's confidential file.

Copies of valid documentation of the following should be obtained and kept confidentially on file (if applicable):

- Baseline Individual TB Risk Assessment (2019 updated CDC recommendation);
- Past TB test results;
- Chest X-ray reports/results;
- Signs and symptoms questionnaires;
- Records/documents of past TB or LTBI treatment.

#### Individuals with Subsequent Positive TB Tests Results

Please see the **flowcharts** on pages 27-30 of this manual to assist with the appropriate steps.

#### Latent TB Infection (LTBI)

The healthcare facility should record the date and include any supporting documentation when they refer an HCP or resident/patient for a chest X-ray, healthcare provider examination, diagnosis, and education/counseling for recommended LTBI treatment.

Reporting of **LTBI is required by Nevada law since June 2019**. Reporting of LTBI should be made to the local health department or state and include:

- *Latent Tuberculosis Infection (LTBI) Confidential Report Form,* available at the <u>DPBH TB</u> Forms webpage or found in Appendix B of this manual, pages 50-51;
- TB test results and date (TST or IGRA);
- Chest X-ray results and date;
- Treatment status (referral: to whom; or, on-site: treatment regimen).

#### Active or Suspected TB Disease

In cases involving suspected or confirmed active TB disease, the healthcare facility should follow the CDC recommendations for isolation and infection control found in the 2005 MMWR, "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005." MMWR 2005;54(No. RR-17): 1-121; accessed at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm.

#### Reporting suspected or confirmed cases of active TB disease is required by Nevada law.

Reporting must be in accordance with <u>NAC 441A.225-240</u> (general requirements and contents for report). TB disease is a nationally notifiable infectious disease. The healthcare facility should record the date and include any supporting documentation when they submit a report of active or suspected TB disease to the local health department or state.

• Reporting Form: <u>Confidential Morbidity Report Form</u>, available at the <u>DPBH TB Forms</u> <u>webpage</u> or found in this manual pages 52-53, Appendix C.

#### Individuals with a History of Past Positive TB Test (Documented)

Please use the *Nevada Tuberculosis Signs and Symptoms Questionnaire* instructions and forms found on pages 21-25 of this manual.

#### Nevada Tuberculosis Testing Record: Resident/Patient

The Nevada Administrative Code (NAC) regarding testing for Tuberculosis (TB) requires that a resident/patient be tested upon admittance into a healthcare facility/home within 24 hours; however, certain exceptions can be made. To review the approved exceptions, see **NAC 441A.380** at <a href="http://www.leg.state.nv.us/NAC/NAC-441A.html">http://www.leg.state.nv.us/NAC/NAC-441A.html</a>.

Residents or patients who are admitted into a healthcare facility must complete a TB screening test; either the two-step TB skin test (TST) or an approved TB screening blood test (IGRA: QFT or T-spot) (NAC 441A.380). If the individual has a valid documented allergic/adverse reaction to the TB skin test, they need to instead be offered a blood test.

If an individual has a previously documented positive TB screening test or a documented diagnosis of TB or Latent Tuberculosis Infection (LTBI), regardless of treated or untreated, upon admission shall submit to a chest X-ray or produce a documentation of a chest X-ray and be declared free of TB disease based on the results of that chest X-ray. The facility should perform TB screening activities that include the use of the following form instead of a TST or IGRA: *Nevada Tuberculosis Signs and Symptoms Questionnaire*. A repeat chest X-ray is only required if symptoms develop or it is recommended by a healthcare provider (per www.cdc.gov/mmwr/pdf/rr/rr5417.pdf p. 51). A chest x-ray should not be used in place of the *Signs and Symptoms Questionnaire*.

If the resident/patient has a positive TB screening test, the facility or home shall ensure that counseling and preventative treatment are offered to each person (NAC 441A.380, subsect. 8).

I understand the above information and consent to a two-step TB skin test or a blood test and any treatment and care as required by law. By doing this, I will be complying with **NAC 441A.380** which mandates that an individual being admitted into a healthcare facility must complete a TB test within the required timeframe.

Name:	Date of Birth:
(Please Print)	
Desident/Detienten	
Authorized Representative's Signature:	Date:
1 0 -	
Authorized Medical Screener's Signature:	Date:
Authorized Medical Screener's Name:	

Nevada Tuberculosis Testing Record:		
Resident/Patient		
Date Test Given (mm/dd/yyyy):	Test Given by (Name of Individual & Facility):	
Site: Left Arm Kight Arm	Test Read by (Name of Individual & Facility):	
Interpretation: Negative Positive		
	Measurement of Induration: (mm)	
SECOND STEP OF THE TWO-STEP TB SKIN T	TEST:	
Date Test Given (mm/dd/yyyy):      Site:      Left Arm      Right Arm	Test Given by (Name of Individual & Facility):	
	Test Read by (Name of Individual & Facility):	
Date Test Read (mm/dd/yyyy):	Measurement of Induration: (mm)	
Interpretation: Negative Positive	Industion Cuide	
	induration Guide: www.cdc.gov/tb/publications/LTBI/diagnosis.htm	
BLOOD TEST (IGRA):	www.ede.gow.to/publications/L1D1/diagnosis.ittli	
Type of IGRA (T-spot or OFT):	Date Results Reported to Facility-by Lab or	
	Resident/Patient (mm/dd/yyyy):	
Date Blood Drawn (mm/dd/yyyy):		
Blood Drawn by (Name of Individual&Facility):	Results Reported to (Department Name and	
	Individual):	
CHECT V DAV (CVD)	Interpretation: Negative Positive	
(The CXR should only be performed if an individu	al has a positive skin/blood test. The CXR is used to	
rule out active TB disease)	ai has a positive skill blood test. The CAR is used to	
NOTE: If active TB is suspected do CXR – do not wait for	r TST or IGRA result, may be falsely negative	
Date of CXR (mm/dd/yyyy):	Interpretation: Normal Abnormal	
	If Abnormal, Date Referred for Medical	
	Evaluation (mm/dd/yyyy):	
LTBI OR ACTIVE TB DIAGNOSIS:		
LTBI: Date resident/patient was referred for and provided LTBI education/information by healthcare facility.         (Report sent to local health department pursuant to NAC 441A.350 via Nevada's Confidential Report Form-Latent Tuberculosis Infection, see pages 50-51, Appendix B, of the Healthcare Facilities TB Screening Manual).         (mm/dd/yyyy):         Active TB: Date local health district/TB clinic was notified of suspect or active TB case pursuant to NAC 441A. 325 and NAC 441A. 350. (Report sent to local health department via Nevada's Confidential Morbidity Report, see pages 52-53, Appendix C, of the Healthcare Facilities TB Screening Manual).         (mm/dd/yyyy):		
Last Name: First N	ame: DOB:	

#### Nevada Tuberculosis Testing Record: Healthcare Personnel/Employee

Prior to employment the healthcare personnel/employee must complete a baseline tuberculosis (TB) test, either the two-step TB skin test (TST) or an approved TB screening blood test (IGRA: QFT or T-spot) NAC 441A.375. If the individual has a valid documented allergic/adverse reaction to the TB skin test, they need to instead be offered a blood test.

Baseline (preplacement) TB screening should include an Individual TB Risk Assessment, per updated CDC recommendations for Healthcare personnel TB testing (MMWR, 2019, https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6819a3-H.pdf).

Counseling and preventive treatment is highly recommended and must be offered to a person with a positive TB screening test (NAC 441A.375; 7, formerly 5).

If the healthcare personnel/employee has a previously documented positive TB screening test or a documented diagnosis of TB or Latent Tuberculosis Infection (LTBI), regardless if treated or untreated, the facility should perform annual TB screening activities that includes the use of the following form instead of the TST or IGRA: *Nevada Tuberculosis Signs and Symptoms Questionnaire*. A repeat chest X-ray is only required if symptoms develop or it is recommended by a clinician (p. 51, *MMWR*, 2005, <u>www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</u>). A chest X-ray should not be used in place of the *Signs and Symptoms Questionnaire*.

A healthcare personnel/employee who is a suspect case of TB (tests positive for Tuberculosis or has tested positive in the past) may not begin work until he/she is deemed non-infectious, pursuant to NAC 441A.360 and NRS 441A.120.

Healthcare personnel/employees are not required by law to be treated for LTBI.

I understand the above information and consent to a two-step TB skin test or a blood test and any
treatment and care as required by law. By doing this, I am complying with NAC 441A.375 which
mandates that a new healthcare personnel/employee in a healthcare facility must have a physical
examination before initial employment and a completed two-step TST or IGRA TB test.

Name:	Date of Birth:
(Please Print)	
Healthcare Personnel/Employee's Signature:	Date:
Authorized Medical Screener's Signature:	Date:
Authorized Medical Screener's Name:	

Nevada Tuberculosis Testing Record:				
Healthcare Personnel/Employee				
Date Test Given (mm/dd/yyyy):		Test Given by (N	Name of Indivi	idual & Facility):
Date Test Read (mm/dd/yyyy):		Test Read by (N	ame of Individ	lual & Facility):
Interpretation: Negative Po	ositive	Measurement of	Induration: (n	nm)
SECOND STEP OF THE TWO-STEP	P TB SKIN TEST			
Date Test Given (mm/dd/yyyy): Site:  Left Arm  Right Arm		Test Given by (N	Name of Indivi	idual & Facility):
Date Test Read (mm/dd/www)		Test Read by (Na	ame of Individ	dual & Facility):
Interpretation: Negative Po	ositive	Measurement of	Induration: (n	nm)
		Induration Guide	e:	
		www.cdc.gov/tb/	/publications/l	LTBI/diagnosis.htm
BLOOD TEST (IGRA):				
Type of IGRA (T-spot or QFT):		Date Results Rep (mm/dd/yyyy):	ported to Facil	ity-by Lab or HCW
Date Blood Drawn (mm/dd/yyyy):				
Blood Drawn by (Name of Individual	&Facility):	Results Reported Individual):	l to (Departme	ent Name and
		Interpretation:	Negative	Positive
CHEST X-RAY (CXR):				
(The CXR should only be performed if the individual has a positive skin/blood test. The CXR is used to rule out active TB disease.) NOTE: If active TB is suspected do CXR – do not wait for TST result, may be false negative				
Date of CXR (mm/dd/yyyy):		Interpretation:	Normal	Abnormal
		If Abnormal, Da	te Referred for	r Medical
		Evaluation (mm/	/dd/yyyy):	
LTBI OR ACTIVE TB DIAGNOSIS:				
<u>LTBI</u> : Date resident/patient was referred for and provided LTBI education/information by healthcare facility. (Report sent to local health department pursuant to NAC 441A.350 via <u>Nevada's <i>Confidential Report Form-Latent Tuberculosis Infection</i></u> , see pages 50-51, Appendix B, of the <i>Healthcare Facilities TB Screening Manual</i> ). (mm/dd/yyyy):				
<u>Active TB:</u> Date local health district/TB clinic was notified of suspect or active TB case pursuant to NAC 441A. 325 and NAC 441A. 350. (Report sent to local health department via <u>Nevada's Confidential Morbidity</u> <u>Report</u> , see pages 52-53, Appendix C, of the <i>Healthcare Facilities TB Screening Manual</i> ).				
(mm/dd/yyyy):				
Last Name:	First Name:		DOB	3:

#### NEVADA TUBERCULOSIS SIGNS AND SYMPTOMS QUESTIONNAIRE INSTRUCTIONS

#### Completing the Signs and Symptoms Questionnaire

The *Signs and Symptoms Questionnaire* **cannot** be solely self-completed. It may be completed in one of two ways:

- 1. Conducted in an interviewer/interviewee manner where a staff person who has received appropriate training asks the questions and completes the questionnaire. Or
- 2. Filled out by the individual (HCP/employee or resident/patient); however, a second trained staff member must review and sign off.

Once the *Signs and Symptoms Questionnaire* is completed, reviewed and signed, it should be placed in the resident/patient or healthcare personnel/employee's secure file at the facility.

#### Training for Administering the Signs and Symptoms Questionnaire

**Training** of staff should include information to provide adequate knowledge of:

- the medical terminology used in the questionnaire;
- the transmission of *M. tuberculosis* (TB) and the TB disease process;
- the risk factors associated with TB infection and progression to TB disease;
- the signs and symptoms of TB disease.

*Note*: Evidence (documentation) of a staff member's adequate training in the signs and symptoms of TB disease is strongly recommended.

Nevada Tuberculosis Signs and Symptoms Questionnaire (Resident/Patient)		
Last Name:	First Name:	
DOB:Age:		
Interpreter needed  Yes  No		
Language Interpreter Nat	me and Number	
1. Country of Birth	Notes related to assessment:	
U.S. Other		
2. If not born in the U.S.:		
When did the individual arrive in the U.S.?		
When was last BCG received?		
3. Has the individual lived or extensively	If YES, Where/When/How long:	
traveled outside of the U.S.?		
Yes No		
4. Month & Year of last TST/IGRA (circle which test) Date:	Reason for TST/IGRA:	
<b>Results:</b> Negative Positive	<b>Results documented in file?</b> Yes No	
5. Has the individual had a chest X-ray in last five years?	Reason for chest X-ray:	
Yes No Year taken:	Results documented in file? Yes No	
6. Has the individual been in close contact with a person sick with TB?	If YES, Where/When/How long:	
Yes No		
7. Has the individual ever been treated for TB?	Describe treatment and medications:	
NoNot sureActive TBLTBI (TB Infection)		
Where:         Year           How Long?		
8 Does the individual have an	Comments:	
immunocompromised condition?		
Yes No		

9. Is the patient currently on any medications	Comments:
Yes No	
10. Does the individual have the following risk factors? (check the box for YES)	Comments:
<ul> <li>Been homeless or lived/worked in a shelter</li> <li>Lived/worked in a nursing home</li> <li>Been an inmate or worked in a jail/prison</li> <li>Worked in the healthcare field</li> <li>Alcohol use, recreational drug use, smokes</li> <li>Consumed unpasteurized milk products</li> </ul>	
11. Does the individual have any of the following symptoms? (checked box = YES)	Specify any YES answers:
$\Box$ Cougn > three weeks	
Night Sweats	
Fatigue	
Loss of Appetite	
Loss of Weight	
Usual Average Weight:	
Weight Today:	
□ NONE	
I understand I am completing this <i>Signs and Symptom</i> to comply with <b>NAC 441A.380</b> , which states, "After the facility or home shall ensure that the person has a	<i>s Questionnaire</i> (in place of a TB skin test or blood test) r a person has had an initial tuberculosis screening test, single tuberculosis screening test annually thereafter."
I understand that with a positive TB test or a medical am not allowed to be admitted into the facility or her	evaluation indicating I am suspected of active TB, I
admitted. Lunderstand I cannot remain in the facility	or home, unless I am kept in respiratory isolation
(Negative air pressure room or AII room), and that I	will be kept in isolation until a healthcare provider
determines that I do not have active tuberculosis or c	ertifies that I am no longer infectious.
By signing this document, I agree the information I h	ave reported is true and accurate to the best of my
knowledge, and I consent to any necessary tests and consent to any treatment and care prescribed to me as	evaluations to rule out active tuberculosis and also mandated by $NAC 441A 355$
consent to any treatment and care presented to me as	a manuateu by 14AC <b>441A.333.</b>
Resident or Patient Signature:	Date:
(or Authorized Representative's Signature)	2
Authorized Medical Screener's Signature:	Date:
Authorized Medical Screener's Name:	

Nevada Tuberculosis Signs and Symptoms Questionnaire (Healthcare Personnel/Employee)		
Last Name First Name		
DOB: Age:		
1. Country of Birth	Notes related to assessment:	
U.S. Other		
2. If not born in the U.S.:		
When did the individual arrive in the U.S.? Month Year When was last BCG received?		
3. Has the individual lived or extensively traveled outside of the U.S.?	If YES, Where/When/How long:	
🗌 Yes 🔲 No		
4. Month & Year of last TST/IGRA (circle which test) Date:	Reason for TST/IGRA:	
<b>Results:</b> Negative Positive	<b>Results documented in file?</b> Yes No	
5. Has the individual had a chest X-ray in last five years?	Reason for chest X-ray:	
Yes No Year	Results documented in file?   Yes   No	
6. Has the individual been in close contact with a person sick with TB?	If YES, Where/When/How long:	
Yes No		
7. Has the individual ever been treated for TB?	Describe treatment and medications:	
NoNot sureActive TBLTBI		
Where:         Year           How Long?		
8. Does the individual have an immunocompromised condition?	Comments:	
Yes No		

<ul> <li>9. Does the individual have the following risk factors? (check the box for YES)</li> <li>Been homeless or lived/worked in a shelter</li> <li>Lived/worked in a nursing home</li> <li>Been an inmate or worked in a jail/prison</li> <li>Worked in the healthcare field</li> <li>Alcohol use, drug use, smokes</li> <li>Consumed unpasteurized milk products</li> <li>NONE</li> </ul>	Comments:	
10. Does the individual have any of the following symptoms? (check the box for YES)	Specify any YES answers:	
<ul> <li>Cough &gt; three weeks</li> <li>Fevers</li> <li>Night Sweats</li> <li>Fatigue</li> <li>Loss of Appetite</li> <li>Loss of Weight</li> <li>Usual Average Weight:</li> <li>Weight Today:</li> <li>Other</li> <li>NONE</li> </ul>		
I understand I am completing this <i>Signs and Symptoms Questionnaire</i> (in place of a Tuberculosis skin test or blood test) to comply with <b>NAC 441A.375</b> which states that TB screening must take place "Before initial employmentandA single annual tuberculosis screening test must be administered thereafter." I understand that with a positive TB test, if/when any pulmonary symptoms develop, I am required by <b>NAC 441A.375</b> to immediately report to the infection control specialist, if any, or to the director or the person in charge of the medical facility if the medical facility has not designated an infection control specialist. By signing this document, I agree the information I have reported is true and accurate to the best of my knowledge, and I consent to any necessary tests and evaluations to rule out active Tuberculosis and also consent to any treatment and care prescribed to me as mandated by <b>NAC 441A.355</b> .		
Healthcare Personnel/Employee's Signature:	Date:	
Authorized Medical Screener's Signature:	Date:	
Authorized Medical Screener's Name:		

## Nevada Healthcare Personnel Baseline Tuberculosis (TB) Individual Risk Assessment

STA	TE OF NEVAD	
	TB	
	Provention Control Elimination	
BERG	ULOSIS PROGRE	

**Healthcare Personnel (HCP)** should be considered at increased risk for TB if any of the following statements are marked "YES":

Check the appropriate risk fa If LTBI test result is positive and <i>LTBI treatment is stro</i>	actor boxes below. active TB disease is ruled out, ngly recommended.	
<ul> <li>Non-U.Sborn or temporary residence ≥ with a high TB rate.</li> <li>Includes countries other than the United States, Canada or Western and North European countries.</li> <li>Interferon Gamma Release Assay is preferred over Tub for non-U.Sborn persons.</li> </ul>	1 month in a country         YES         a, Australia, New Zealand,         NO         erculin Skin Test	
Immunosuppression, current or planned, includingYESHIV infection; immunosuppressive treatment with TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication; organ transplant recipient.NO		
Close contact with someone who has had since the last TB test.	d infectious TB disease YES	
HCP Name: Date Assessed:	Reviewer Name & Title: Date Assessment reviewed:	

This individual risk assessment was adapted for use in Nevada from the *California Tuberculosis Risk Assessment* document created by the California TB Controllers Association, 2015, <u>www.ctca.org</u>, and the *HCP Baseline Individual TB Risk Assessment* created by the Centers for Disease Control and Prevention, 2019, <u>www.ctca.ogv/tb</u>.

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/Patient sting Flowchart	est) before being admitted into the facility, <u>regardless of the facility's annual Risk</u> ermination*.	CTIONS s to be taken for each new resident/patient. prior 12 months, proceed to "2 <sup>nd</sup> Step TST" below). months AND has <u>valid documentation of negative TB result</u> , no further test or before admittance. evada Signs and Symptoms Questionnaire " to rule out active TB (pages 21-25 or evaluation may be needed.	Testing/Retesting Frequency         > On admittance         > Annually         > Post exposure         > If individual becomes symptomatic         > Determination of facility's Medical Director	can include TB tests, the signs and symptoms questionnaire and/or the facility's ent Worksheet. The Classification; however the Signs and Symptom Questionnaires MUST still be with a positive TB test.	nd Symptoms Questionnaire, unless there are reported signs or symptoms of active ded by a clinician.
Resident, Tuberculosis Tes	<b>All residents/patients must receive</b> a two-step TST (skin test) or the IGRA (blood te <u>Assessment dete</u>	INSTRUC Follow the flowchart to determine the actions (If resident/patient has documented 1 <sup>st</sup> step of TST in p *If resident/patient has had two-step TST or the IGRA test completed in prior 12 1 evaluation is needed t **If resident/patient has valid documentation of past positive TB test, use the "Ne	Symptoms         > Night sweats         > Chills         > Chills         > Cough-progresses in frequency & production of mucous         > Hemoptysis, chest pain         > Fatigue         > Extreme weight loss         > Fever	<u>At least annually</u> , the healthcare facility must complete TB screening activities which c annual Risk Assessme TB screening activities may be determined based on the facility's annual Risk Assessme completed for any individual v	Note: A repeat chest x-ray is not required along with the annual Signs ar disease, or it is recommen



HealthCare Perso Tuberculosis	nnel/Employee (HCP) Festing Flowchart
All HCW must receive a two-step TST (skin test) or the IGRA (blood test) before emple *Healthcare Personnel/Employees (HCP) transferring from one healthcare facility to ano for Preventing the Transmission of <i>Mycobacterium tuberculosis</i> in Health-Care Settings, http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm.)	oyment activities begin, <u>regardless of the facility's annual Risk Assessment determination.</u> ther, will need further assessment. (For CDC guidance, refer to pages 12-13 of the "Guidelines 2005," <i>Morbidity and Mortality Weekly Report.</i>
INSTR Follow the flowchart to determine the actions to be (If HCP/Employee has documented 1 <sup>st</sup> step of TS' *If HCP/Employee has had physical exam and two-step TST or the IGR <u>TB result</u> , no further test or evaluation is needed before HCP's s **If HCP/Employee has <u>valid documentation of past positive TB test</u> , use	<b>UCTIONS:</b> taken for each new Healthcare Personnel/Employee (HCP). T in prior 12 months, proceed to "2 <sup>nd</sup> <b>Step TST</b> " below). A test completed in prior 12 months <b>AND</b> has <u>valid documentation of negative</u> tart date. However, not applicable if following MMWR 2019 guidance. e the " <i>Nevada Signs and Symptoms Questionnaire</i> " to rule out active TB (pages
ram in T. (immining cull 10 CZ-17	testing of evaluation may be needed.
Symptoms         Night sweats         Chills         Cough-progresses in frequency & production of mucous         Hemoptysis, chest pain         Fatigue         Extreme weight loss         Fever	Testing/Retesting Frequency         On admittance         Post exposure         If individual becomes symptomatic         Annually, or,         Determination of facility's Medical Director
<u>At least annually</u> , the healthcare facility must complete TB screening activities wh annual Risk Assessment Worksheet.	iich can include TB tests, the signs and symptoms questionnaire and/or the facility's
TB screening activities may be determined based on the facility's annual Risk Assessm completed for any individual with a positive TB test.	nent Classification; however the Signs and Symptom Questionnaires MUST still be
Note: A repeat chest x-ray is not required along with the Signs and Symptoms Question by a clinician.	nnaire, unless there are reported signs or symptoms of active disease, or it is recommended 29



#### FREQUENTLY ASKED QUESTIONS (FAQs)

For additional information and guidance on TB skin or blood tests, treatment for LTBI, healthcare facility TB risk assessment, environmental controls, respiratory protection, and cough-inducing and aerosol-generating procedures, please refer to the following CDC published documents: "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005," *Morbidity and Mortality Weekly Report* [54(RR17):1-141, December 30, 2005], <u>https://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</u> . And, "Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019." Sosa LE, Njie GJ, Lobato MN, et al. <u>MMWR Morb Mortal Wkly Rep 2019;68:439–443</u>.

Please note, the questions/answers listed below are either recommendations from CDC or are requirements of the DPBH TB program based on the laws in the Nevada Administrative Code (NAC) and Nevada Revised Statutes (NRS).

## **1.** What is the relationship between the State of Nevada's Health Care Quality and Compliance (HCQC) bureau and healthcare facilities in Nevada?

Health Care Quality and Compliance (HCQC) is the governmental bureau for the state of Nevada that licenses medical and other health facilities in Nevada in accordance with Nevada Revised Statutes (NRS) Chapter 449 and with NAC (Nevada Administrative Code) Chapter 449. HCQC also has an agreement with the federal Centers for Medicare and Medicaid Services (CMS) to certify medical facilities and providers and skilled nursing facilities in Nevada in the Medicare and Medicaid reimbursement programs. Surveys (inspections) are conducted in accordance with applicable regulations (Code of Federal Regulations, Title 42), based on the type of facility, and following specific time frames and procedures. HCQC also conducts complaint investigations for all licensed and/or certified facilities. (http://dpbh.nv.gov/Reg/HealthFacilities/HealthFacilities \_-\_\_\_\_\_Home/\_)

#### 2. What does the term "annual" mean in annual TB screenings?

The term "annual" in Annual TB screenings means that the TB screening activity should be completed each year. Ideally, it would be within 365 days; however, within the end of the hire month every year after the initial pre-employment screening is also acceptable. For example, to be in compliance with Nevada regulations, a person screened on July 10<sup>th</sup>, would be required to complete their annual retest (both the administration of the test and results reported) on or before July 31<sup>st</sup> of the following year. Healthcare facilities electing to adopt the 2019 updated CDC recommendations for TB testing of HCP in their infection control policy would no longer perform annual TB testing but continue annual TB education to all personnel and annual signs and symptoms screening to personnel with documented histories of past positive TB tests.

# **3.** What does the term "initial employment" or "upon hire" mean regarding TB screening activities for healthcare personnel/employees (HCP) who are going to begin employment at a new facility/setting?

The TB screening must occur before "initial employment/upon hire" which means that the healthcare personnel/employee must have the TB screening test administered and results reported of non-active TB disease before the healthcare personnel/employee may start any employment activities. The specific language can be found within the December 2017 Revised Statutes under NAC 441A.375 (3).

### 4. What should an individual do if they cannot have the TST completed because they are allergic to the test?

An individual stating that they are allergic or have had an adverse reaction to the TB skin test must still receive a TB test and should be presented with an IGRA blood test option. If someone cannot have the skin test performed because of a past adverse reaction and/or has had a past positive skin test or IGRA test, they must show proof of the past test and can then proceed with being evaluated by a medical professional or the medical director's designated agency by answering the *Nevada Tuberculosis Signs and Symptoms Questionnaire*.

The purpose of a signs and symptoms questionnaire is to rule out active TB for individuals who have in the past tested positive or have been treated for TB or LTBI. An individual that says they have had a BCG vaccine before will still need to show a documented history of their TB results and then complete the *Signs & Symptoms Questionnaire*. If they have not documentation of a past positive result, they will have to submit to the skin or blood test again.

#### 5. What does the term "documented history" mean related to TB regulations?

The definition of "documented history" in the context of tuberculosis in the Nevada Administrative Code (NAC) is defined as a written copy from a qualified licensed healthcare professional, hospital, clinic, or laboratory of the TB skin test results, blood test results, and chest X-rays results.

- The language in NAC 441A, regarding the phrase "documented history" means that all residents, patients, inmates, and healthcare personnel/employees will need to have a TB skin or blood test unless they have a written copy from a qualified licensed medical professional/clinic/hospital/laboratory stating that the individual has a past positive TB test result. The individual should also provide the chest X-ray result that was completed at the time the positive TB test was acknowledged. If the individual has had treatment in the past for TB or LTBI, they need to provide the healthcare facility or correctional facility with those records as well.
- Additionally, "documented history" could include past signs and symptoms questionnaires, positive or negative TB skin test records, blood or lab records, chest X-rays, and TB/LTBI treatment records (if they had treatment).

### 6. How long after a positive TST or IGRA blood test should a chest X-ray be completed?

Ideally, as soon as possible after the positive TST or IGRA result, less than 30 days. The CDC guidelines state that a chest X-ray should be completed "within a reasonable time frame, such as 6 months" (page 10 of MMWR, 2005). The CDC guidelines provide clarification in the FAQ section of this MMWR, 2005 (page 3) that the reasonable time frame of six months is an example; a shorter time frame may be necessary based on the treating physician's decisions. Therefore, a healthcare facility may have a stricter policy regarding the time frame for obtaining a chest X-ray or they may state that it is based on the treating provider's decision.

#### 7. Should an individual with a positive TST or IGRA receive periodic chest X-rays?

Periodic chest X-rays are not needed for healthcare personnel/employees or residents/patients to screen for active TB. However, the CDC guidelines state, "Repeat radiographs are not needed **unless symptoms or signs of TB disease develop or unless recommended by a clinician**" (page 10 MMWR December 2005).

# 8. Should individuals who report they have had a positive TST result or have been previously treated for LTBI or TB disease receive the baseline two-step TST or IGRA blood test before beginning work or being admitted into the facility?

Unless the individual has documentation of the positive TST/IGRA result or previous treatment, they should receive baseline two-step/IGRA blood testing before starting duties. If documentation of a positive TST/IGRA result is available, then this result can be considered the baseline TB test result for the HCP at the new setting and additional TST or IGRA is not necessary. A chest X-ray should be consulted (or ordered as necessary) and a Signs and Symptoms Questionnaire will be necessary.

### 9. Should healthcare personnel/employees transferring from one healthcare facility to another receive another two-step TB test?

Another two-step TB test is usually not needed when healthcare personnel/employees transfer from one facility to another. However, a retest of the  $2^{nd}$  step of the TST is required. If the HCP has documentation of a single-step TST within the preceding 12 months, then only the  $2^{nd}$  step must be completed at this time, not up to 365 days from previous test.

### **10.** What is the procedure for a newly hired HCP with a documented negative TST at their previous job within the last 12 months?

The documented negative TST result within the previous 12 months should be considered the first step of the baseline two-step TST. This person should receive one baseline TST upon hire, before the HCP begins assigned duties, to complete the 2-step at this new facility. If the HCP does not have documentation of any TST result, the HCP should be tested with a two-step TST (one TST upon hire and one TST placed 1–3 weeks after the first TST result was read) or an IGRA blood test. (MMWR 2005)

# 11. Our healthcare facility completes an annual Facility TB Risk Assessment and no longer requires annual TB testing of its employees. If a newly hired HCP presents with documentation of a previous negative IGRA test within the preceding 12 months, then we do not need to obtain a preplacement IGRA result for this HCP?

Under NAC 441A.375, the situation of an HCP providing documentation of a negative IGRA or 2-step TST within 12 months is acceptable as demonstrating TB testing upon employment. However, the CDC 2019 updated guidelines recommend administering a new, preplacement baseline IGRA or 2-step TST (in this situation the  $2^{nd}$  step TST). The intent of this baseline is to provide a comparison result within that facility in the event of potential or known exposure to *M. tb*. This should be a strong consideration when determining the Infection Control policy for a facility.

## 12. Should residents/patients of healthcare facilities receive another two-step TST prior to being admitted to a new healthcare facility?

Per NAC 441A.380, yes, residents/patients should have a two-step TST or IGRA test within 24 hours (up to five days in certain circumstances) of admission. However, if the person has documentation of such a test, an IGRA or two-step TST, within the previous 12 months and exhibits no signs or symptoms of TB disease, then they do not require additional testing. If only the first step of a two-step TST was completed with the preceding 12 months, then a second TST must be administered at the time of admittance to complete the two-step TST (*not* within 365 days of the previous test).

# 13. Do healthcare personnel/employees that work in a personal care/in-home setting have to receive the baseline two-step TB or IGRA test, and subsequent annual TB testing?

Yes, all healthcare personnel/employees who do not have a previously documented positive TST result or treatment records of LTBI or TB disease should receive a baseline two-step TST or IGRA. Baseline testing for *M. tuberculosis* infection will ensure that TB disease or LTBI is detected before employment begins and treatment for LTBI or TB disease is offered, if indicated. Annual TB testing is required for facilities without a medical director (see page 9 of this manual for a definition) or designee thereof, per NAC 441A.380, subsection 4 (for full regulation, see <u>NAC 441A.380</u>).

### 14. Do the residents/patients of healthcare facilities and homes for individual residential care require annual TB testing?

This depends on the healthcare facility. If the facility has a medical director or designee thereof, then it may complete an annual *Facility Risk Assessment* and determine the risk of TB exposure to warrant a lesser frequency (see page 10 of this manual). However, if the facility does not have a medical director, then it must continue annual TB testing as per NAC 441A.380.

## 15. Is a Signs and Symptoms Questionnaire required every time a TST/IGRA is being completed?

No. The Signs and Symptoms Questionnaire can be used as often as the facility/setting would like in order to be in compliance with the law of maintaining TB Surveillance. Minimally, it must be used upon initial hire/pre-placement or admittance and annually when an individual has a documented history of a past positive TB test, past LTBI treatment, or active TB disease treatment. It must also be completed for any contacts to an active or suspect TB case as part of the Contact Investigation process.

# 16. After the initial hire baseline HCP Individual TB Risk Assessment (as recommended in the updated 2019 CDC Guidelines), is an Individual TB Risk Assessment necessary as an annual TB screening activity?

No. An HCP Individual TB Risk Assessment is recommended as part of the initial hire/preplacement TB screening activities (new recommendation in the updated 2019 CDC Guidelines, <u>MMWR 2019</u>). Thereafter, annual TB education for all HCP should include TB risk factors.
#### 17. What is the Bacille Calmette-Guérin (BCG) vaccine?

BCG is a vaccine used widely throughout the world to prevent childhood tuberculous meningitis and military disease. BCG may cause a positive TST (i.e., false-positive) result initially; however, tuberculin reactivity caused by BCG vaccination typically wanes after 5 years but can be boosted by subsequent TST. No reliable skin test method has been developed to distinguish tuberculin reactions caused by vaccination with BCG from reactions caused by natural mycobacterial infections, although TST reactions of  $\geq 20$  mm of induration are not usually caused by BCG. (MMWR 2005)

### **18.** What type of TB test should be given to an individual who recently had the BCG vaccine?

A TST may be placed any time after a BCG vaccination, but a positive TST result after a recent BCG vaccination can be a false-positive result (MMWR 2005). An IGRA blood test (QuantiFERON or T-Spot) should be used instead as it is not affected by prior BCG vaccination and less likely to give a false-positive result (see 2017 joint recommendations for *Diagnosis of TB in Adults and Children*,

https://www.cdc.gov/tb/publications/guidelines/pdf/ciw778.pdf ).

### **19.** Do I need a two-step TB test again if I lapsed with my annual TB test and my employer has not changed?

No, two-step TSTs are needed only to establish a baseline for a specific setting for newly hired HCP and others who will receive serial TST (e.g., residents or staff of correctional facilities or long-term care facilities). The HCP should have a single TST or IGRA blood test upon returning to work and should then resume a routine testing schedule on the next normal TST anniversary date. (MMWR 2005)

#### 20. Can I receive a TST if other vaccines are also being placed at the same time?

A TST should be administered either on the same day as vaccination with live-virus or 4 to 6 weeks later. Vaccines that might cause a false-negative TST result are measles, varicella, yellow fever, smallpox, BCG, mumps, rubella, oral polio, oral typhoid, and live-attenuated influenza. (MMWR 2005)

### 21. Can a healthcare personnel/employee or patient read and report their own TST results?

HCP and patients are not allowed to read and report their own TST results; therefore, self-reading cards for reporting TST results are not recommended. All TST results should be read and recorded by a trained TST reader other than the person on whom the TST was placed. (MMWR 2005)

#### 22. Who should be treated for LTBI?

Persons with LTBI who are at increased risk for developing TB disease should be offered treatment for LTBI regardless of age if they have no contraindication to the medicine. (For lists see page 53 of <u>MMWR</u>, 2005 or visit <u>CDC TB</u> website). Furthermore, the updated 2019 CDC guidelines for HCP TB testing recommends regarding all HCP "[LTBI] treatment should be offered, and strongly encouraged to complete, treatment with a recommended regimen, including short-course treatments, unless contraindication exits" (MMWR 2019, page 4).

#### 23. What is an Airborne Infection Isolation (AII) room?

"AII room" is an accepted term and is used in the American Institute of Architects (AIA) guidelines that describe the purpose for and details of ventilation of AII rooms. An AII room is a special negative-pressure room for the specific purpose of isolating from the general setting persons who might have suspected or confirmed infectious TB disease or other airborne infectious diseases. Not all negative-pressure rooms are AII rooms because they might not have the required airflow or differential pressure of an AII room. For a hospital with 120 beds, a minimum of one AII room is needed. (MMWR 2005)

#### 24. What is a fit test and who does fit testing?

Fit testing of HCP respirator personal protective equipment should be performed during the initial respiratory-protection program training and periodically thereafter, based on the healthcare facility's TB risk assessment for the setting and in accordance with applicable federal, state, or local regulations. A fit test is used to determine which respirator does or does not fit the user adequately and to ensure that the user knows when the respirator fits properly. Fit testing must be performed by a qualified health professional. Periodic fit testing for respirators used in TB environments can serve as an effective training tool in conjunction with the content included in employee training and retraining. The frequency of fit testing should be determined by a change in the 1) risk for transmission of *M. tuberculosis*, 2) facial features of the wearer, 3) medical condition that would affect respiratory function, 4) physical characteristics of the respirator (despite the same model number), or 5) model or size of the assigned respirator. (MMWR 2005)

# 25. Should a healthcare personnel/employee perform a user seal check ("fit check") on a respirator before each use when encountering an individual who has suspected or active TB?

Yes, performing a user seal check on respirators before each use is essential to minimize contaminant leakage. Each respirator manufacturer has a recommended user seal check procedure that should be followed by the user each time the respirator is worn. Additionally, the recommended respiratory protection for HCP who provide care in the homes of patients with suspected or confirmed infectious TB disease is at least an N95 respirator. (MMWR 2005)

#### INTERFERON GAMMA RELEASING ASSAY (IGRA) TB BLOOD TESTING

IGRAs are acceptable and often preferred as an alternative to TST TB testing. The advantages of IGRAs include reduced likelihood of false-positive results in those with a history of BCG vaccine, greater specificity to *M. tb* than TST (not affected by *M. avium* or other non-tuberculous mycobacterium) and requires only one patient visit. The U.S. FDA approved IGRAs available are QuantiFERON Gold Plus (QFT Plus)® and T-SPOT®. An IGRA blood test is equivalent to baseline testing with a two-step TST. It is also an effective annual or serial TB test. (See CDC IGRA Fact Sheet, https://www.cdc.gov/tb/publications/factsheets/testing/igra.htm )

#### TWO-STEP TB SKIN TEST (TST) FOR BASELINE TB TESTING

#### Common Questions when Administering and Reading the TST

Q. When performing two-step skin testing, what should be done if the second-step TST is not placed in 1–3 weeks?

Perform the second-step TST as soon as possible, even if several months have passed.

### Q. If a person does not return for a TST reading within 48–72 hours, when can a TST be placed on them again?

A TST can be administered again as soon as possible. If the second step of a two-step TST is not read within 48–72 hours, administer a third test as soon as possible (even if several months have elapsed), and ensure that the result is read within 48–72 hours.

#### Q. How should a TST result be interpreted?

Information provided by the CDC can be found on page 39 of this manual. Additionally, information regarding how to administer and interpret TB skin test results may be referenced in the Mantoux Tuberculosis Skin Test: Facilitator Guide, 2013 located on-line at <u>http://www.cdc.gov/tb/education/mantoux/pdf/mantoux.pdf</u>.

#### Q. Should a TST reading of ≥10 mm be accepted 7 days after the TST was placed?

If the TST was not read between 48–72 hours, another TST should be placed as soon as possible and read within 48–72 hours. However, certain studies indicate that positive TST reactions might still be measurable 4–7 days after the TST was placed. If the TST reaction is read as  $\geq$ 15 mm 7 days after placement, the millimeter result can be recorded and considered to be a positive result.

For more information and supporting guidance for the questions listed above, please reference the following CDC document: "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005," *Morbidity and Mortality Weekly Report* [54(RR17):1-141, December 30, 2005], <u>https://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</u>

#### Approaches to Administering/Reading the Two-Step TST

The two-step TST has two different approaches. Either one is acceptable to the DPBH TB Program and the Centers for Disease Control and Prevention (CDC).

Note: Unlike the typical annual administer and read TST, the two-step TST includes two separate skin tests and is used to detect individuals with past TB infection who now have

diminished skin test reactivity. This procedure reduces the likelihood that a boosted reaction is later interpreted as a new infection.

#### The Three Visit Approach

#### Visit 1, Day 1

The first skin test is placed/administered and the individual returns in 7 days for the test to be read. If the first test is positive, it indicates that the individual is infected with TB. A chest X-ray and evaluation are necessary. If the individual is asymptomatic and the chest X-ray indicates no active disease, the individual can enter patient care areas.

#### Visit 2, Day 7 (one week after first TST placed)

A second skin test is placed/administered to individuals whose first test was negative at 7 days.

#### *Visit 3, Day 9 or 10 (48-72 hours after second TST placed)*

The second test is read. A positive test 2nd test indicates TB infection in the distant past.

The individual is referred for a chest X-ray and evaluation by a physician. An asymptomatic individual, whose chest X-ray indicates no active disease, may enter patient care areas.

The majority of significant PPD skin test reactions will remain "positive" for 7 days after application. Those that have diminished or disappeared by day 7 will be boosted back to positive by the 2nd skin test. Reducing the number of visits from 4 to 3 will not reduce the sensitivity of the two-step test.

#### The Four Visit Approach

*Visit 1, Day 1* The first skin test is placed/administered.

#### Visit 2, Day 3 (48-72 hours after first TST placed)

The TST test is read. If the first test is positive, it indicates that the individual is infected with TB. A chest X-ray and evaluation are necessary. If the individual is asymptomatic and the chest X-ray indicates no active disease, the individual can enter patient care areas.

#### Visit 3, Day 7 (one week after first TST placed)

A second TST skin test is placed/administered to those individuals in whom the first TST skin test is negative.

#### Visit 4, Day 9 (48-72 hours after second TST placed)

The second test is read. A positive 2nd test indicates TB infection in the distant past.

The individual is referred for a chest X-ray and evaluation by a physician. An asymptomatic individual whose chest X-ray indicates no active disease may enter patient care areas.

For those individuals who were vaccinated against TB with the BCG vaccine, IGRA blood testing is recommended. TST may still be used provided 3-5 years have elapsed since receiving the BCG vaccination. Positive TST tests at this point could indicate TB infection. Thus, a chest X-ray is necessary.

#### INTERPRETING TB SKIN TEST RESULTS

When administering and reading a TB skin test for healthcare personnel/employees and/or residents/patients, a positive result will vary based on the individual's other risk factors.

Positive IGRA result or a TST reaction of 5 or more	Positive IGRA result or a TST reaction of 10 or more			
millimeters of induration is considered positive in:	millimeters of induration is considered positive in:			
<ul> <li>HIV-infected persons</li> <li>Recent contacts of a TB case</li> <li>Persons with fibrotic changes on chest radiograph consistent with old TB</li> <li>Organ transplant recipients</li> <li>Persons who are immunosuppressed for other reasons (e.g., taking the equivalent of &gt;15 mg/day of prednisone for 1 month or longer, taking TNF-a antagonists)</li> </ul>	<ul> <li>Recent immigrants (&lt; 5 years) from high-prevalence countries</li> <li>Injection drug users</li> <li>Residents and employees of high-risk congregate settings (e.g., correctional facilities, nursing homes, homeless shelters, hospitals, and other health care facilities)</li> <li>Mycobacteriology laboratory personnel</li> <li>Children under 4 years of age, or children and adolescents exposed to adults in high-risk categories</li> </ul>			

• Persons with no known risk factors for TB\*

\* Although skin testing programs should be conducted only among high-risk groups, certain individuals may require TST for employment or school attendance. An approach independent of risk assessment is not recommended by CDC or the American Thoracic Society.

#### **Special Considerations**

Questions often arise about the interpretation of TST results in persons with a history of Bacille Calmette-Gurin (BCG) vaccine, HIV infection, and recent contacts to an infectious TB case.

BCG vaccine is currently used in many parts of the world to protect infants and children from severe TB disease, especially TB meningitis. It does not confer lifelong immunity, and its significance in persons receiving the TST causes confusion in the medical and lay community.

- History of BCG vaccine is NOT a contraindication for tuberculin skin testing
- TST reactivity caused by BCG vaccine generally wanes with time
- If more than 5 years have elapsed since administration of BCG vaccine, a positive TST reaction is most likely a result of *M. tuberculosis* infection

Persons who are HIV infected have a much greater risk for progression to TB disease if they have LTBI.

- Individuals with HIV infection may be unable to mount an immune response to the TST and may have falsenegative TST results
- Usefulness of anergy testing in TST-negative persons who are HIV infected has not been demonstrated

Persons with a positive TST result who are contacts of an individual with infectious TB should be treated regardless of age.

- Some TST-negative persons should also be considered for treatment (i.e., young children, immunosuppressed)
- Repeat TST in 8–10 weeks if initial test result is negative. A delayed-type hypersensitivity response to tuberculin is detected 2–8 weeks after infection

Information retrieved from Centers for Disease Control and Prevention, 2011. "Table 1: Criteria for Classifying Positive TST Reactions" located on-line at <u>http://www.cdc.gov/tb/publications/factsheets/testing/skintestresults.htm</u>.

#### COMMON TB ACRONYMS

(Adapted from the Centers for Disease Control and Prevention website and publications, 2019, <u>www.cdc.gov/tb.</u>)

Refer to the list below for abbreviations used in this manual.

AFB	Acid-Fast Bacillus
AII	Airborne infection isolation
BCG	Bacille Calmette-Guérin
CDC	Centers for Disease Control and Prevention
CXR	Chest radiograph (chest X-ray)
НСР	Healthcare Personnel (formerly HCW)
HCW	Healthcare Worker
IGRA	Interferon gamma release assay
INH	Isoniazid
LTBI	Latent tuberculosis infection
M. tb	Mycobacterium tuberculosis
MDR-TB	Multidrug-resistant tuberculosis
MIRU	Mycobacterial interspersed repetitive units
MOTT	Mycobacterium other than tuberculosis (also referred to as NTM)
NAA	Nucleic acid amplification
NAAT	Nucleic acid amplification test
NTM	Non-tuberculous Mycobacterium (also referred to as MOTT)
PPD	Purified protein derivative
QFT	QuantiFERON®-TB test
RIF	Rifampin
TB	Tuberculosis
TST	Tuberculin skin test
3HP	Short-course LTBI regimen, 3 = 3 months, H= Isoniazid, P= Rifapentine

#### **TB TERMINOLOGY**

(Adapted from the Centers for Disease Control and Prevention website and publications, 2019, www.cdc.gov/tb.)

#### **Tuberculosis:**

#### Mycobacterium Tuberculosis (M. tuberculosis or M. tb)

A type of tuberculosis mycobacteria; a gram-positive bacterium that causes tuberculosis. Sometimes called the tubercle bacillus.

#### Tuberculosis (TB) Disease

Tuberculosis is a condition caused by the bacterium *Mycobacterium tuberculosis* (or *M. tuberculosis*) that has progressed to causing clinical or subclinical disease. TB disease usually affects the lungs, but it can also affect other parts of the body, such as the lymph nodes, bone, or brain. If TB is treated properly, most people can be cured. If TB is not treated properly, the disease can be fatal or develop into drug-resistant forms of TB. Compare to latent TB infection (LTBI). See also extrapulmonary TB and pulmonary TB.

#### Latent TB Infection (LTBI)

Persons with latent TB infection have *M. tuberculosis* organisms in their bodies but do not have active TB disease, have no symptoms, and are noninfectious. Such persons usually have a positive reaction to a TST or IGRA.

#### **Pulmonary TB**

Active TB disease that occurs in the lung, usually producing a cough that lasts  $\geq$  3 weeks. Pulmonary TB is typically associated with the infectious form of TB.

#### **Extrapulmonary TB**

Active TB disease in any part of the body other than the lungs (e.g., lymph nodes, bone). An individual can have both pulmonary and extrapulmonary TB disease at the same time. Extrapulmonary TB is typically not considered infectious.

#### **Airborne Infection Isolation (AII)**

Isolation of patients infected with organisms that are spread via airborne droplet nuclei smaller than five microns in diameter (e.g., *M. tuberculosis*).

#### Bacille Calmette-Guérin (BCG) Vaccine

A vaccine for TB used in many countries where active TB disease is endemic. It is not used in the United States. BCG vaccine helps prevent disseminated and meningeal TB disease in infants and young children but offers much less protection for adults.

#### Chest X-ray (chest radiograph)

This is a diagnostic test that takes a picture of the inside of a person's chest. A chest X-ray is made by exposing a film to X-rays that pass through the chest. A doctor can look at this film to see whether TB bacteria have damaged the lungs.

#### Contact

A person who has spent time with a person with infectious TB.

#### Culture

A culture is a test that is processed in a laboratory to see whether there are TB bacteria in a person's phlegm or other body fluids. This test can take 2 to 4 weeks in most laboratories.

**Revised January 2020** 

#### Exposure

Being subjected to something (e.g., an infectious agent) that could have an adverse health effect. A person exposed to *M. tuberculosis* does not necessarily become infected. (See also transmission).

#### Facility TB Risk Assessment (Healthcare Facility)

An initial and ongoing evaluation of the risk for transmission of *M. tuberculosis* in a particular healthcare setting. To perform a risk assessment, the following factors should be considered: the community rate of TB, number of TB patients encountered in the setting, and the speed at which patients with active TB disease are suspected, isolated, and evaluated. The Facility TB Risk Assessment determines the types of administrative and environmental controls and respiratory protection needed for a setting.

#### **Healthcare Facility**

A place where healthcare is delivered.

#### Healthcare Personnel (HCP)/Employee (formerly Healthcare Worker – HCW)

All paid and unpaid persons working in healthcare settings who have the potential for exposure to *M. tuberculosis* through direct patient contact and/or those who share airspace with persons suspected of or diagnosed with TB disease. Healthcare personnel can be those who do not perform routine health/medical activities but are conducting activities in a setting where individuals are tested or treated for TB. See page 4 of this manual for a list of possible groups that could be defined as Healthcare personnel and could be included in TB surveillance and screening activities.

#### Hemoptysis

Coughing up of blood or blood-tinged sputum; one of the possible symptoms of pulmonary TB disease. Hemoptysis can also be observed in other pulmonary conditions (e.g., lung cancer).

#### **Independent Contractor**

All paid and unpaid persons working in healthcare settings who have the potential for exposure to *M. tuberculosis* through direct patient contact and/or those who share airspace with persons suspected of/with TB disease. Independent Contractors can be those who do not perform routine health/medical activities but are conducting activities in a setting where individuals are tested or treated for TB. See page 4 of this document for a list of possible groups that could be defined as Independent Contractors and could be included in TB surveillance/screening activities.

#### **Individual Risk Assessment**

TB screening tool to assess an individual's risk for TB exposure, non-occupationally. Individual risk assessment is part of the recommended baseline (preplacement) TB screening activities. It provides information helpful for interpreting test results.

#### Induration

A palpable, raised, hardened area that may develop in response to the injection of tuberculin antigen (PPD). Inducation is measured in only one direction (across the forearm), and the result is recorded in millimeters. It is not the measure of erythema (redness). The measurement is compared with guidelines to determine whether the test result is classified as positive or negative.

#### **Infection Control**

Infection control refers to policies and procedures used to minimize the risk of spreading infections, especially in hospitals and human or animal healthcare facilities.

#### **Infection Control Specialist**

The staff person responsible for implementing and adhering to a facility's infection control plan (policies and procedures) with the goal of reducing the transmission of diseases.

#### Infectious

The ability of an individual with active TB disease to transmit (spread) TB bacteria to other persons. Directly related to the number of TB bacteria that the individual expels into the air. Persons who expel many bacilli are more infectious than those who expel few or no bacilli.

#### Initial TB Test (Baseline TB Screening)

The initial screening for TB performed prior to when an individual begins work in a healthcare facility or at the time residents are admitted to a healthcare facility (but no later than 5 days after admittance into facility). Baseline screening identifies individuals with LTBI or active TB disease and is also used to compare with any future screening results. This initial/baseline TB test may be the 2<sup>nd</sup> step of a 2-step TST if a prior single-step TST has been recorded in the past 12 months. See also TB screening.

#### **Initial Employment**

See information on page 31 in the Frequently Asked Questions section of this manual.

#### Interferon Gamma Release Assay (IGRA)

A TB test that detects the presence of *M. tuberculosis* infection by measuring the immune response to the TB bacteria in the blood. There are two U.S. Federal Drug Administration approved commercially available IGRAs: QuantiFERON-TB® and T-Spot®.

#### Mantoux Tuberculin Skin Test

See Tuberculin Skin Test.

#### **Medical Director**

The term **medical director** is not uniformly defined within the NAC and NRS but is defined for specific settings within the NAC and NRS. Generally, the definition of medical director is a physician licensed to practice medicine in the state of Nevada who provides guidance and leadership regarding medical practice and policies within a healthcare organization.

#### **Medical Evaluation**

A process for diagnosing active TB disease or LTBI, selecting treatment, and assessing response to therapy. A medical evaluation can include medical history and TB symptom screen, clinical or physical examination, screening and diagnostic tests (e.g., TSTs, IGRAs, chest X-rays, bacteriologic examination, and HIV testing), counseling, and treatment referrals.

#### Multidrug-resistant TB (MDR TB)

TB disease caused by bacteria resistant to two or more of the most important medicines: Isoniazid (INH) and Rifampin (RIF).

#### Negative

Usually refers to a test result. If you have a negative TB skin test reaction, you probably do not have TB infection.

#### Positive

Usually refers to a test result. If you have a positive TB skin test reaction, you probably have TB infection.

#### **Potential/Ongoing Transmission**

A risk classification for TB screening, including testing for *M. tuberculosis* infection when evidence of ongoing transmission of *M. tuberculosis* is apparent in the setting. Testing might need to be performed every 8–10 weeks until lapses in infection controls have been corrected and no further evidence of ongoing transmission is apparent. Use potential ongoing transmission as a temporary risk classification only. After corrective steps are taken and conversion rates stabilize, reclassify the setting as medium risk for a period of at least one year.

#### Purified Protein-Derivative (PPD) (tuberculin)

A material used in the tuberculin skin test (TST) for detecting infection with *M. tuberculosis*. In the United States, PPD solution is approved for administration as an intradermal injection (5 TU per 0.1 mL), a diagnostic aid for LTBI (see Tuberculin Skin Test).

#### **Respiratory Protection**

The use of N-95 or other respirators to protect an HCP from inhaling droplet nuclei containing *M. tuberculosis*.

#### Serial TB screening

TB screening performed at regular intervals following initial baseline TB screening.

#### Signs and Symptoms Questionnaire

A signs and symptoms questionnaire asks tuberculosis related health questions as a screening tool to identify individuals who may be symptomatic for active TB.

#### Smear

A test to see whether there are TB bacteria in your sputum/phlegm or other fluids/tissues suspected of *M. tb* presence. To do this test, lab workers smear the sputum on a glass slide, stain the slide with a special stain, Acid-Fast Bacillus stain (AFB), and look for the presence of TB bacteria on the slide. This test usually takes one day to produce the results.

#### Sputum

Sputum is phlegm coughed up from deep inside the lungs. Sputum is examined for TB bacteria using a smear; part of the sputum can also be used to do a culture. Sputum is not saliva/spit.

#### Suspected or confirmed infectious or potentially infectious TB disease

Means any of the following: 1) A patient with a smear-positive AFB and/or nucleic acid amplification test positive for *M. tb* and/or a culture positive for *M. Tb* or *M. Tb* complex (this applies only to specimens from sputum, bronchio-alveolar lavage, gastric aspirate, lung tissue or other tissue of the respiratory tract such as the larynx or epiglottis); 2) A patient with a chest radiograph, computed tomography scan, or clinical findings indicative of pulmonary tuberculosis sufficient to warrant treatment with anti-tuberculosis medications; 3) A patient whose chest radiograph or respiratory symptoms improve while taking anti-tuberculosis medication; or, 4) A Revised January 2020 44 patient with respiratory symptoms indicative of pulmonary tuberculosis until a diagnostic evaluation is completed to rule out TB as a cause of the symptoms.

#### Suspected or confirmed TB disease

An illness in which TB bacteria are multiplying and attacking a part of the body, usually the lungs. The symptoms of TB disease include weakness, weight loss, fever, no appetite, chills, and sweating at night. Other symptoms of TB disease depend on where in the body the bacteria are growing. If TB disease is in the lungs (pulmonary TB), the symptoms may include a bad cough, pain in the chest, and coughing up blood. A person with TB disease may be infectious and spread TB bacteria to others.

Means one or more of the following: 1) A patient meeting the definition of suspected or confirmed infectious or potentially infectious TB disease; 2) A patient with a smear-positive AFB and/or nucleic acid amplification test positive for *M. tuberculosis* and/or a culture positive for *M. tuberculosis* or *M. tuberculosis* complex from a location outside the respiratory tract; 3) A patient with extra-pulmonary clinical findings indicative of tuberculosis sufficient to prescribe treatment with anti-tuberculosis medications; 4) A patient whose extra-pulmonary symptoms improve on anti-tuberculosis medications; or, 5) A patient with symptoms indicative of extra-pulmonary tuberculosis until a diagnostic evaluation is completed to rule out TB as the cause of these symptoms.

#### **Symptom Screen**

A procedure used during a clinical evaluation in which patients are asked if they have experienced any of the common symptoms of active TB disease (e.g., cough, weight loss, night sweats, fevers, fatigue).

#### **TB Blood Test**

See IGRA

#### **TB Disease** – (active TB)

The *M. tuberculosis* bacteria are present in the body and the individual has signs/symptoms of being infectious. While the individual is infectious they can spread the *M. tuberculosis* bacteria to others.

#### **Tuberculosis Infection**

See Latent TB Infection (LTBI) page 41.

#### **TB Screening**

The TB screenings employ methods to identify persons who have active TB disease or LTBI. May include one or more of the following: TST, IGRA, chest X-ray, microbiological testing, or signs and symptoms questionnaires.

#### Transmission of M. tuberculosis

Transmission occurs when a person inhales droplet nuclei containing *M. tuberculosis*, and the droplet nuclei transverse the mouth or nasal passages, upper respiratory tract, and bronchi to reach the alveoli of the lungs, resulting in infection.

#### **Tuberculin Skin Test (TST)**

The TST is a skin test used to detect TB infection. It is sometimes referred to as "PPD (purified protein derivative)" or "Mantoux."

#### **Two-Step TST**

The two-step TST is a procedure used for the baseline skin testing of persons who will receive serial TSTs (e.g., HCW and residents of long term care facilities) to reduce the likelihood of mistaking a boosted reaction for a new infection. If an initial TST result is classified as negative, the second step of a two-step TST should be administered 1–3 weeks after the first TST result was read. If the second TST result is positive, it probably represents a boosted reaction, indicating infection most likely occurred in the past and not recently. If the second TST result is also negative, the person is classified as not infected.

#### **Upon Hire**

See information on page 31 of this manual in the Frequently Asked Questions section.

#### **ONLINE RESOURCES**

#### **Tuberculosis Disease**

Centers for Disease Control and Prevention. (Updated: 2016). Basic TB Facts. Retrieved from <u>http://www.cdc.gov/tb/topic/basics/default.htm</u>

US National Library of Medicine, Pub Health. (2011, March). "Clinical Diagnosis and Management of Tuberculosis, and Measures for Its Prevention and Control" NICE Clinical Guidelines, No. 117. London: National Institute for Health and Clinical Excellence. Retrieved from http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0046788/

#### **TB Skin Testing**

Centers for Disease Control and Prevention. (October 2011). TB Elimination, Tuberculosis Skin Testing. Retrieved from <u>http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.pdf</u>.

Centers for Disease Control and Prevention. (Updated: 2016). Table 1: Criteria for Classifying Positive TST Reactions. Retrieved from <u>http://www.cdc.gov/tb/publications/factsheets/testing/skintestresults.htm</u>.

#### Latent TB Infection Diagnosis and Treatment

Centers for Disease Control and Prevention. (2014, November 26). Latent Tuberculosis Infection: A Guide for Primary Health Care Providers: Diagnosis of Latent TB Infection. Retrieved from <a href="http://www.cdc.gov/tb/publications/LTBI/diagnosis.htm">http://www.cdc.gov/tb/publications/LTBI/diagnosis.htm</a>

Centers for Disease Control and Prevention. (Updated: 2016). Treatment Regimens for Latent TB Infection (LTBI). Retrieved from <u>https://www.cdc.gov/tb/topic/treatment/ltbi.htm</u>

Centers for Disease Control and Prevention. (2018, June 28). Updated Recommendations for Treatment of Latent TB Infection and Resources. Retrieved from <a href="https://www.cdc.gov/nchhstp/newsroom/2018/treatment-of-latent-TB-infection.html">https://www.cdc.gov/nchhstp/newsroom/2018/treatment-of-latent-TB-infection.html</a>

Centers for Disease Control and Prevention. (2013, April 3). Latent Tuberculosis Infection: A Guide for Primary Health Care Providers: List of Abbreviations. Retrieved from <a href="http://www.cdc.gov/tb/publications/LTBI/abbreviationslist.htm">http://www.cdc.gov/tb/publications/LTBI/abbreviationslist.htm</a>

#### **CDC Recommendations for HCP TB Screening Activities**

Centers for Disease Control and Prevention. (2005, December 30). *Morbidity and Mortality Weekly Report (MMWR): Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings*, 2005. Retrieved from <u>http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm</u>

Sosa LE, Njie GJ, Lobato MN, et al. (2019, May 17). *Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019.* MMWR Morb Mortal Wkly Rep 2019;68:439–443. Retrieved from: https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6819a3-H.pdf

Centers for Disease Control and Prevention. (2006, July 7). *Morbidity and Mortality Weekly Report* (*MMWR*): Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC. Retrieved from http://www.cdc.gov/tb/publications/guidelines/Correctional.htm

#### **TB Related Laws**

Centers for Disease Control and Prevention. (2012, September 1). Menu of Suggested Provisions for State Tuberculosis Prevention and Control Laws: Definitions for Consideration. Retrieved from <a href="http://www.cdc.gov/tb/programs/Laws/menu/definitions.htm">http://www.cdc.gov/tb/programs/Laws/menu/definitions.htm</a>

Chapter 441A – Infectious diseases; toxic agents. NAC 441A. (Revised Date: 2017, December). Retrieved from: <u>https://www.leg.state.nv.us/NAC/NAC-441A.html</u>

Chapter 441A – Infectious diseases; toxic agents. NRS 441A. (n.d.). Retrieved from <u>http://www.leg.state.nv.us/NRS/NRS-441A.html</u>

#### APPENDIX A:

#### NEVADA TB LAWS

The specific laws listed below are the tuberculosis related definitions and testing, reporting and surveillance activities providers/healthcare facilities and/or correctional facilities are mandated to conduct per the Nevada Administrative Code (NAC).

For more detailed information, please see the following two websites: Chapter 441A – Infectious diseases; toxic agents. NAC 441A. (Revised Date: December 2017). Retrieved from <u>https://www.leg.state.nv.us/NAC/NAC-441A.html#NAC441A</u> and Updated June 2019 TB Laws on the Nevada Division of Public and Behavioral Health's website at <u>http://dpbh.nv.gov/Programs/TB/dta/Statutes/Tuberculosis</u> (TB)-\_Statutes/.

NAC	TITLE				
GENERAL PROVISIONS – Definitions					
NAC 441A.015	"Active tuberculosis" defined				
NAC 441A.035	"Case" defined				
NAC 441A.037	"Centers for Disease Control and Prevention" defined				
NAC 441A.040	"Communicable disease" defined				
NAC 441A.045	"Contact" defined				
NAC 441A.050	"Contact isolation" defined				
NAC 441A.052	"Contact precautions" defined				
NAC 441A.055	"Correctional facility" defined				
NAC 441A.060	"Disease specific precautions" defined				
NAC 441A.165	"Respiratory isolation" defined				
NAC 441A.175	"Strict isolation" defined				
NAC 441A.180	"Suspected case" defined				
NAC 441A.181	"Suspected outbreak" defined				
NAC 441A.185	"Tuberculosis" defined				
NAC 441A.190	"Tuberculosis Infection" defined				
NAC 441A.192	"Tuberculosis screening test" defined				
NAC 441A.195	"Universal precautions" defined				
NAC 441A.200	List of adopted recommendations, guidelines and publications; review of revision or amendment of adopted recommendation, guideline or publication				
<b>REPORTING OF</b>	COMMUNICABLE DISEASES				
NAC 441A.225	General requirements for certain reports to health authority and rabies control authority; establishment of after-hours reporting system				
NAC 441A.230	Duty of healthcare provider to report case or suspected case; content of report				
NAC 441A.235	Duty of director or other person in charge of medical laboratory to report findings of communicable disease, causative agent of communicable disease or immune response to causative agent; contents of report; submission of certain microbiologic cultures, subcultures, or other specimen or clinical material; reportable level of CD4 lymphocyte counts				
NAC 441A.240	Duty of director or other person in charge of medical facility to report communicable disease; report by infection preventionist; adoption of administrative procedures for reporting				

DUTIES AND PO	OWERS RELATING TO THE PRESENCE OF COMMUNICABLE DISEASES
NAC 441A.280	Duty of persons to cooperate with health authority during investigations and carrying out of measures for prevention, suppression and control of communicable diseases
INVESTIGATIN	IG, REPORTING, PREVENTING, SUPPRESSING AND CONTROLLING
PARTICULAR C	OMMUNICABLE DISEASES (Bolded laws below are solely Tuberculosis laws)
NAC 441A.325	Compliance with provisions regarding particular communicable diseases
NAC 441A.350	Healthcare provider to report certain cases and suspected cases within 24 hours of discovery
NAC 441A.352	Registered pharmacist and intern pharmacist to report suspected cases
NAC 441A.355	Active tuberculosis: Duties and powers of health authority
NAC 441A.360	Cases & suspected cases: Prohibited acts; duties; discharge from medical supervision
NAC 441A.365	Contacts: Compliance with regulations; medical evaluation; prohibited acts
NAC 441A.370	Correctional facilities: Testing and surveillance of employees and inmates; investigation for contacts; course of preventive treatment for person with tuberculosis infection; documentation
NAC 441A.375	Medical facilities, facilities for the dependent, homes for individual residential care and outpatient facilities: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment
NAC 441A.380	Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation
NAC 441A.385	Care of medically indigent patient in State Tuberculosis Control Program; payment of cost
NAC 441A.390	Treatment of case or suspected case by healthcare provider

WASHOE COUNTY HEALTH DISTRICT

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### APPENDIX B (1):

### LATENT TUBERCULOSIS INFECTION (LTBI) CONFIDENTIAL REPORT FORM

Late Stat	Latent Tuberculosis Infection (LTBI) State of Nevada Confidential Report Form								
er	Reporting Provider		Provider Phone	Provider	Provider Fax				
Provid	Facility Name & Address		Provider Email	Date Rep	orted				
<b>—</b>		Please complete the belo	w fields and check the boxes as completely as possible.						
	Patient Name		Date of Birth	Race	□White				
					Black				
	Address		Gender at Birth		□Asian				
Ħ	0.4	Chata	Female     Male	-	□ Native American				
tie	City	Sidle	ZIP		Pacific Islander				
Pa	Phone	Medical Record No.	Primary Language	1	Other:				
			· ······	Ethnicity:	□ Hispanic				
	Country of Birth	Date Entry into U.S.	Experienced in past year	,	Non-Hispanic				
	, i		□ Homelessness □ Incarceration						
ŀ	Risk Factors / Reason for Tub	erculosis Screening (check a	all that apply):						
5	□TB symptoms/signs; evalua	ating for TB disease							
so	Close Contact to a person	with active TB disease within pa	ast 2 years*						
tea	□Non-U.Sborn (excluding /	Australia, Canada, New Zealand	d, and Western Europe)						
R/S	□Visit outside the U.S. > 1 m	onth within past 5 years (exclu	ding Australia, Canada, New Zealand, and We	stern Europ	pe)				
to	Immunosuppression, current or planned (HIV infection, organ transplant recipient, treatment with aTNF antagonist, steroids)								
ac	Co-morbidities which increase the risk of progression of LTBI to active TB disease: diabetes, malignancy, pulmonary disease, silicosis, end-stage								
¥	renal disease, intestinal bypass/gastrectomy, chronic malabsorption, body mass index $\leq 20$								
Sis .	Healthcare personnel TB s	Healthcare personnel TB screening							
_	Resident or personnel TB s residential care_inpatient s	creening in a congregate settin ubstance abuse facilities)	ng (correctional facilities, homeless shelters, lo	ng-term car	re, home for individual				
-	IGRA (Blood) Test	Test Date	Result	Was the l	Patient Provided Results				
<u>.</u>	(QuantiFERON/T-Spot)		Positive     Negative	□ Yes	If No, Reason:				
ost	Tuberculin Skin Test		Size (TST):mm						
gn		CXR Date	Pequit  Diamol	Was the l	Patient Provided Results				
Dia				□ Yes	If No, Reason:				
-	Treatment Plan (check one)		Refer for Evaluation and Treatment	Treatmen	nt Status:				
	Treatment (on-site). Please	see and complete the	Where Referred:	Comp	leted				
ent	opposite side. (Patie	nt has a planned LTBI		Dedin	ed				
Ĕ	therapy start date.)	theck one helow)		Other.	Reason:				
ea	□ 12 weeks Isoniazid/Rifz	anentine (3HP)							
E.	□ 4 mo Rifamoin (4 RIF)								
	□ 9 mo. Isoniazid (INH)	□ 6 mo. Isoniazid (INH)							
"Ift	he contact is suspected of exposure to mul	tidrug-resistant TB, please contact you	r local health department or state Tuberculosis program fo	or treatment co	onsultation.				
	Fax: Completed F	Form 🗌 10	GRA Lab/TST	X-ray R	leport				
	To: Carson City (77	75) 887-2138	Washoe County (775	) 328-376	54				
	Clark County (70	02) 759-1454	Rest of State (775) 684-5999						

An optional assistance form is available: "LTBI Treatment Flowsheet: Dose, Symptom Monitoring, Completion"

Created January 2020

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Form located on the Division of Public and Behavioral Health Website at http://dpbh.nv.gov/Programs/TB/dta/Forms/Tuberculosis\_(TB)\_-\_Forms/

#### Appendix B (2): Treatment Flowsheet - Latent Tuberculosis Infection (LTBI)

Latent Tuberculosis (LTBI) Treatment Flowsheet: Dose, Symptom Monitoring, Completion

Reporting Provider: Please utilize this optional flowsheet to assist in treatment and communication with the local health department Tuberculosis program. Please fill out as completely as applicable and return the completed form via fax to your local health department Tuberculosis program.

Patient Last name: Patient First na		Patient First name:	Patient DOB:	Provider: Nar	me and Phone		
LTBI Initial Treatment: Please D appropriate baxes (3HP)		d/Rifapentine )	4 mo. Rifampin (4 RIF)		9 mo. Isoniazid (INH)		
Baseline la	boratories* ordere	d:□No □Yes, rea	ison:				
Date LTBI medication(s) ordered:				Baseline Weight Weight:	& Height kgs	Height: ft	lin
LTBI REGIMENS** Monitoring throughout therapy for adherence and adverse effects is highly recommended.							
3HP <sup>†</sup> Isoniazid & Rifapentine (12 doses total, 1x weekly)	Isoniazid (H or I 15 mg/kg $\geq$ 12 ye (25 mg/kg for age max dose 900 m (available:100 mg an Rifapentine (P or dose dependent 10-14 kg = 300 m 14.1–25 kg = 450 25.1–32 kg = 600 32.1–49.9 kg = 7 $\geq$ 50 kg= 900 mg max dose 900 m (available: 150 mg ta	NH): ears es 2-11 years); g; ≥50 kg =900mg d 300 mg tabs) Medications must be ta fr RPT): all ages, on weight: ng; 0 mg; 1 mg; 50 mg; ; g bs)	aken together	Initial Rx: 4 doses, 1 month Monitoring Month 1 Confirmed weeks 1,2,3,4 adherence Mo adverse effects reported Yes, adverse effects reported Yes, Labs ordered Rx for next month (4 doses)	Month 2 Confirmed weeks 1,2,3,4 adherence No adverse effects reported Yes, adverse effects reported Yes, Labs ordered Rx for next month (4 doses)	Month 3 Confirmed weeks 1,2,3,4 adherence No adverse effects reported Yes, adverse effects reported Yes, Labs ordered Rx for next month (4 doses)	LTBI Completed LTBI Completion Card to patient
4 RIF Rifampin (120 doses total, daily) INH‡ 9 months (270 doses total, daily)	Rifampin (RIF or R):       Model         10 mg/kg adults;       Model         15-20 mg/kg children;       weedle         max dose 600 mg       adr         (available:150 mg & 300 mg tabs)       N         effective       Isoniazid (INH or H):         5 mg/kg adults; 10-20 mg/kg children;       max dose 300 mg         es       (available:100 mg and 300 mg tabs)		Monitoring Month 1 Confirmed weeks 1,2,3,4 adherence No adverse effects reported Rx for next month (30 days) Monitorir Confirm Assess f Assess f Rx for next	Month 2 Confirmed weeks 1,2,3,4 adherence No adverse effects reported Rx for next month (30 days) ng: Months 1 – ed 30 daily doses for adverse effects for Labs orders ext month (30 days)	Month 3 Confirmed weeks 1,2,3,4 adherence No adverse effects reported Rx for next month (30 days) 9, for each m	Month 4 Confirmed weeks 1,2,3,4 adherence No adverse effects reported Rx for next month (30 days) conth	Not completed/ reason: Moved Lost Adverse event Other
Pyridoxine	Supplementation with	n B6 10-50mg/day during t	reatment is a cons	ideration for certain	individuals taking	INH or 3HP.	

Baseline laboratory testing can be found at the Centers for Disease Control and Prevention's Latent Tuberculosis Infection: A Guide for Primary Health Care Providers, updated March 2019, available at https://www.cdc.gov/tb/publications/Itbi/treatment.htm .

\*\* LTBI medication regimens adapted from the Centers for Disease Control and Prevention's Latent Tuberculosis Infection: A Guide for Primary Health Care Providers, updated March 2019, retrieved from <u>https://www.cdc.gov/tb/publications/tb//treatment.htm</u>.

Short course 3HP isoniazio/mapentine regimen is nightly recommended and the updated 2018 recommendations can be found in Update of						
Reco	ommendations for U	Ise of Once-Weekly Is	oniazid-Rifapentine Regimen to Tr	eat Latent Mycobacterium tuberculosis Infection, available at		
https	://www.edc.gov/mm	nwr/volumes/67/wr/mm	6725a5.htm?s_cid=mm6725a5_w			
#Alternative	INH regimen availa	ble, see referenced Cl	DC guide, https://www.cdc.gov/tb/p	publications/Itbi/treatment.htm .		
Please see	CDC recommenda	tions https://www.cdc.g	gov/tb/publications/Itbi/treatment.h/	tm		
FAX TO:	Carson City	(775) 887-2138	Washoe County	(775) 328-3764		
	Clark County	(702) 759-1454	Rest of State	(775) 684-5999		

created January 2020

Form located on the Division of Public and Behavioral Health Website at <a href="http://dpbh.nv.gov/Programs/TB/dta/Forms/Tuberculosis">http://dpbh.nv.gov/Programs/TB/dta/Forms/Tuberculosis</a> (TB)\_-\_Forms/

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#### STATE OF NEVADA CONFIDENTIAL MORBIDITY REPORT FORM

	Attending Physician			Physician Ph	one	Physician Fa	x	
ovider	Person Reporting / Job Title			Reporter Phone		Reporter Fax		
Ţ,	Facility Name			Facility Phone		Report Date	Report Date	
	Name			Gender	□ Female □ Male □ Nonbinary	Race	White Black Asian	
	Address		County	Sex assigned at birth	I □ Female □ Male		American Indian Pacific Islander Other	
t	City	State	Zip	Pregnant	□No □Yes	Ethnicity	<ul> <li>Hispanic</li> <li>Non-Hispanic</li> </ul>	
Patie	Date of Birth / Age	Parent or Guar	dian Name	Pregnancy El	DC	Primary Lang	uage Spoken	
	Home Phone	Occupation / Employer / School		Marital Status  Single Married		Birth Country and Arrival Date		
	Social Security Number	Medical Record	d Number	1	Separated Divorced Unknown	Incarcerated	□ No □ Yes	
	Disease or Condition Name		Admission Da	ate	Deceased	□ No □ Yes		
	Onset Date	Diagnosis Date	)	Discharge Da	ite	Date of Deat	1	
	Symptoms					•		
sease								
ō	Was laboratory testing ordered?	□ No □ Yes	lf yes, attach	the results or p	vrovide the laborato	ry name if the res	sults are unavailable	
	Was the patient treated?	☐ No If yes, provide the treatment details (drug name, dosage, duration, dat ☐ Yes					duration, dates etc.)	
60								
mments								

Clark County: (702) 759-1454 Rest of State: (775) 684-5999

Form located on the Division of Public and Behavioral Health Website at http://dpbh.nv.gov/Programs/TB/dta/Forms/Tuberculosis\_(TB)\_-\_Forms/

Nevada Reportable Diseases

Leptospirosis

AIDS

Αl

must be reported within 24 hours

WASHOE COUNTY HEALTH DISTRICT

#### Page 2

RSONCIT

#### State of Nevada

#### Confidential Morbidity Report Form Instructions Updated Dec 2019

**Disease Reporting** The Nevada Administrative Code Chapter 441A requires reports of specified diseases, foodborne illness outbreaks and extraordinary occurrences of illness be made to the local Health Authority. The purpose of disease reporting is to recognize trends in diseases of public health importance and to intervene in outbreak or epidemic situations. Physicians, veterinarians, dentists, chiropractors, registered nurses, directors of medical facilities, medical laboratories, blood banks, school authorities, college administrators, directors of child care facilities, nursing homes and correctional institutions are required to report. Failure to report is a misdemeanor and may be subject to an administrative fine of \$1,000 for each violation.

#### HIPAA and Public Health Reporting

HIPAA laws were developed so as not to interfere with the ability of local public health authorities to collect information. According to 45 CFR 160.204(b): "Nothing in this part shall be construed to invalidate or limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth, or death, public health surveillance, or public health investiga-

tion or intervention,"	e or injury, critic abase, birer, or deapt, politic	
Instructions for Completing	the Morbidity Report Form	Contact Information
Provider Information	the Centers for Disease Control and	Carson City Health & Human Services
Attending Physician/Phone/Fax	Prevention	900 E. Long St.
The physician primarily responsible for	Primary Language Spoken	Carson City, NV 89706
the care of this patient	Providing this information makes it	http://gethealthycarsoncity.org
Person Reporting/Phone/Fax	easier to contact non-English-speaking	Phone: (775) 887-2190
Provide if different than attending	patients and arrange for translators	After Hours Phone: (775) 887-2190
physician	Birth Country and Arrival Data	Confidential Eax (775) 887-2138
Facility Name/Phone	If the patient was not born in the United	Combender Pax (175) 007-2130
List the location for facilities with	States, provide the patient's country of	
multiple locations.	origin and date of arrival in the US.	
Report Date	Incarcerated	Nevada Division of Public and Behavioral
The date that this report is submitted	The incarceration status of the patient.	Health
the date that the type is eaching	If the patient is currently incarcerated.	4150 Technology Way
Patient Information	ist the facility in the comments section	Carson City, Nevada 89706
Sufficient information must be provided to	Disease Information	http://health.nv.nov
allow the nation to be contacted. If insuff-	Disease or Condition Name	Phone: (775) 684-5911 (24 Hours)
ciant information is provided, you will be	This form should be used for all levelse	Confidential East (775) 684,5000
contacted to provide that information	renortable diseases in the state of	After Hours Duty Officer: (775) 400-0333
Attaching a nationt face sheat to fair	Neverla	terry trans and a man (110) to and
report is an accordable method of armid	Onest Date	Southern Nevada Health District
report is an acceptable method or provid-	Criser Date	PO Box 3902
ing the patient demographic information,	The date of the first symptom	Las Vegas, NV 89127
tiller i the state of the	experienced by the patient	http://www.snhd.info
Address/County/City/State/Zip	Diagnosis Date	Confidential Fax: (702) 759-1414
The home address of the patient,	The date that this disease was	connection (confirmed to the
including the county	diagnosed. For reports of suspect	Enideminiaav
Date of Birth / Age	illness, enter the date the illness	Phone: (702) 759-1300 (24 hours)
The patient's date of birth or age if	was suspected.	Confidential Fax: (702) 759-1414
birthdate is unknown.	Date Admitted/Discharged	Component Fax. (Fox) F55-1414
Pavent or Guardian Name	For any patients admitted to a hospital,	STDs MM and MDS
For patients under the age of 18, the	the date of admission and discharge (if	Dhone: (702) 760 0727
name of the person(s) responsible for	the patient has been discharged)	Confidential East (702) 750-1454
the patient	Deceased / Date of Death	Confidential Pax. (702) 755-1454
Phone	If the patient has died, list the date of	Tuborulasia
The home phone of the patient	death, If known, list the cause of death	Disease (703) 750-1015
Occupation / Employer / School	under comments,	Confidential Env: (702) 750-1435
The occupation or employer of the	Symptoms	Confidential Pax. (702)736-1435
patient, or the name of the school	All relevant symptoms	Washoe County Health District
attended for students	Laboratory Testing	1001 E. Ninth St., Building B
Social Security Number	If laboratory testing has been ordered,	P. O. Box 11130
This information greatly assists in the	please attach the laboratory results to	Reno, Nevada 89520-0027
investigation of cases, allowing easier	this form. If relevant tests are pending,	http://www.washoecounty.us/health/
access to aboratory and medical	ist them in the comments section, as	Phone: (775) 328-2447 (24 hours)
records,	well as the name of the aboratory	Confidential Fax: (775) 328-3764
Medica Record Number	performing the testing	
A patient identifier unique to the facility	Treatment	Animal Control Contact Information
or office	Treatment information is necessary	Click Link for Contact Sheet
Gender / Sex Assigned at Birth	for the reporting of sexually-	
The current gender of the nationt	transmitted diseases, and helpful in	
and the sex assigned at hirth	the investigation of other illnesses. If	
Draganant / Dragmanov EDC	this field is left blank, you will be	
The program of the patient	onstacted to provide this information	How To Report
and their estimated data of	contacted to provide this information	Completed seconds and he found to the
and metric estimated date or	Comments	completed reports can be taxed to the
commement (projected derivery date)	Comments	numbers listed on the front of this form,
Mantai Status	Provide any additional information that	Diseases requiring immediate
The marital status of the patient	may be useful in the investigation or to	investigation and/or prophylaxis (e.g.,
Race / Ethnicity	explain answers given elsewhere on	invasive menindococcal disease, plaque)

### this form

should be also reported by telephone to

the appropriate health jurisdiction.

Amebiasis	Listeriosis
Animal bits from a	Lyme Disease
rabies-	Lymphogranuloma
susceptible	venereum
species*	Malaria
Anthrax	Measles (rubeola)†
Arsenic:	Meningitis (specify
Exposures and	type)
Elevated Levels	Meningococca
Botulism*†	Disease*
Brucellosis	Mercury:
Campylobacteriosis	Exposures and
CD4 lymphocyte	Elevated Lauralat
counts <500/ul	Elevated Levels‡ Mumos
Chanomid	Outbooaks of
Chlamutia	Communicable
Cholora	Disease*t
Cooridiaidamusasia	Outheracks of
Contratorational	Ecodborne
Dishibusist	Discosoft
Dipronenar	Disease
Drowning <sup>*</sup>	Pertussis
Drug-Resistant	Plague T
Streptococcus	PoliomyeinsT
pneumoniae	Partacosis
Invasive	Q Fever
Disease	Rabies (human or
Ebslichceie/	animal)*†
CHINGINARY	Relapsing Fever
anaplasmosis	Respiratory Syncyti
E. coli 0157:H7	a Virus (RSV)
Encephalitis	Rotavirus
Exposures of Large	Rubella (including
Groups of	congenital)†
Peoplet	Salmonellosis
Extraordinary	Severe Reaction to
occurrence of	mmunization
ilness (e.g.	Snigeliosis
Smallpox,	Spotted Fever
Dengue.	Rickettsioses
SARS)*†	Syphilis (including
Giardiasis	concenital)
Gonorrhea	Tetanus
Granuloma inquinale	Toxic Shock
Group A	Syndmme
Strentococcal	Trichinosis
nuaciao	Tuberrulosist
Disease	Latent Tuberculos
Haamaahius	<5 years age
influenzae	Tularemia
(invenzae	Typhoid Fever
Happen's Disease	Vancomycin-
fransen s Disease	intermediate
(Jeprosy)	Staphylococcus
Hamawrus Henelde weerte	aureus (VISA)
Plemolyso-uremic	and Vancomycin
syndrome (HUS)	resistant
Hepatris A, B, C,	Stantwincoccus
delta, unspecified	aureus (VRSA)
HIV infection	Infection
ntuenza	Vibriosis Non-
Lead:	Cholera
Exposures	Viral Hemotrapic
and Elevated	- and remember oger
Leves	hever
Legionellosis	West Nije Virus
	Yemielesis
	reisiniosis
* Must be reported in	mediately
† Must be reported w	hen suspect
‡ Reportable in Clark	County Only
All cases success	cases and carriers

Form located on the Division of Public and Behavioral Health Website at http://dpbh.nv.gov/Programs/TB/dta/Forms/Tuberculosis (TB) - Forms/

Race and ethnicity categories have

been chosen to match those used by

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Nevada Revised Statutes, Chapter 441A – Infectious diseases; toxic agents. NRS 441A. (n.d.). Retrieved from <u>http://www.leg.state.nv.us/NRS/NRS-441A.html</u>

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#### Nevada DPBH TB Program Contact Information

State of Nevada Tuberculosis Controller Office of Public Health Investigations and Epidemiology Division of Public and Behavioral Health 4150 Technology Way, Suite 300 Carson City, NV 89706 Phone: (775) 684-5936 Fax: (775) 684-5999

TB Controller, Susan McElhany, DMD, <a href="mailto:smcelhany@health.nv.gov">smcelhany@health.nv.gov</a>

DPBH TB Webpages: http://dpbh.nv.gov/Programs/TB

#### Acknowledgments

#### **Funding Source:**

National Center for HIV, Viral Hepatitis, STDs and TB Prevention (PS). The publication was supported by the Tuberculosis Elimination and Laboratory Program Grant, NU52PS004681, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

#### **Recommended Citation for External Use:**

Office of Public Health Investigations and Epidemiology. Division of Public and Behavioral Health. *Healthcare Facilities Tuberculosis Screening Manual*. July 2016 (Revised January 2020). Carson City, Nevada.

### Agenda Item 4(b):

Discussion, Consideration, Approval/Rejection, and Possible Recommendation to the Full Board Regarding Hiring of Part-Time Infection Control Inspector Employees - NRS 631.190 NRS 631.190 Powers and duties. [Effective January 1, 2020.] In addition to the powers and duties provided in this chapter, the Board shall:

1. Adopt rules and regulations necessary to carry out the provisions of this chapter.

2. Appoint such committees, review panels, examiners, officers, employees, agents, attorneys, investigators and other professional consultants and define their duties and incur such expense as it may deem proper or necessary to carry out the provisions of this chapter, the expense to be paid as provided in this chapter.

3. Fix the time and place for and conduct examinations for the granting of licenses to practice dentistry, dental hygiene and dental therapy.

4. Examine applicants for licenses to practice dentistry, dental hygiene and dental therapy.

5. Collect and apply fees as provided in this chapter.

6. Keep a register of all dentists, dental hygienists and dental therapists licensed in this State, together with their addresses, license numbers and renewal certificate numbers.

7. Have and use a common seal.

8. Keep such records as may be necessary to report the acts and proceedings of the Board. Except as otherwise provided in <u>NRS 631.368</u>, the records must be open to public inspection.

9. Maintain offices in as many localities in the State as it finds necessary to carry out the provisions of this chapter.

10. Have discretion to examine work authorizations in dental offices or dental laboratories.

[Part 4:152:1951; A <u>1953, 363</u>] — (NRS A <u>1963, 150</u>; <u>1967, 865</u>; <u>1993, 2743</u>; <u>2009, 3002</u>; <u>2017, 989</u>, <u>2848</u>; <u>2019, 3205</u>, effective January 1, 2020)

# Agenda Item 4(b)(1):

### Christy L Thomas, RDH

NEVADA STATE BOARD OF DENTAL EXAMINERS 2651 N Green Valley Partway Suite 104							
Henderson, NV 89014							
(702) 486-7044 (Telephone) / (702) 486-7046 (FAX)							
FULL NAME (please print) L. Thomas							
FULL MAILING ADDRES							
TELEPHONE							
EMAIL LICENSE NO: 101927							
APPLICATION FOR INFECTION CONTROL (IC) INSPECTOR							
I berefy make application for the part-time position of Infection Control (IC) Inspector							
Thereby make application for the part-time position of meetion control (ic) inspector.							
REQUIREMENTS:							
submission of this application;							
2. Must hold an active Nevada dental or dental hygiene license							
1. Submit a curriculum vitae and any other information you may want considered							
2. List any prior experience pertaining to Infection Control inspections.							
29 years in Dentistry both as D.A & R.D.H.							
3. Do you have any pending Board complaints against you? YES / NO							
Do you have any period of Poord Action(a)2 VES (ND)							
If yes, please describe below (attach additional sheet if necessary):							
5 List ALL states you hold or have held (regardless of license status) a license to practice dentistry or dental							
hygiene (attach additional sheet if necessary):							
Nevada Michigan							
6. List of all office addresses in the State of Nevada in which you are currently practicing dentistry or dental hygiene (attach additional sheet if necessary):							
Office (1) name:							
Office (1) address:							
Office (1) telephone:							

SIGNATURE OF LICENSEE

DATE 7/19/ 2022

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Enter License Number o exact spelling of the nan	r First Name or La ne, type only the fir	st Name to check on the st few letters. You do no	license status of you t need to enter value	ur dental exa in all fields	miners. If you don't know the to begin a search.
Last Name :					
First Name :					
License Number :					
Search					
For a more detailed view information. To clear the	of a licensee's info search and enter r	ormation, click the View new search, click on the	Details button on the Reset button above.	row for whi	ch you want detailed
					Show: 10 v entries
Credentials	Practitioner Name	Speciality Detaits	Location	Status	Public Health Action
Dental Hygienist	Christy Leigh Thomas	Hen	derson NV 89074	Active	
		Full Name :	Thomas, Christy Le	eigh	
	Prir	mary Office Address :	2741 Turtlebay Ave	anue,	
		City, State Zip :	Henderson, NV 89	074	
		Office Phone :			
		License Number :	101927		
		License Date :	10/04/2013		
		Status :	Active		
		Graduated From :	06/30/2024		
		Graduation Date :			
Da puella i					
Permit		Permit Number	Issue	Date	Exp Date
Local Anesthesia		101927	01/01	/0001	06/30/2018
Roard Action / Mal	practice :				
Act	ion Type	Date		Docume	nt Link
		← Close	detail		
	First () Previ	ious () 1 () 2 () 3	() 4() 5() No	ext () Last	0

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## Agenda Item 4(b)(2):

### Michelle Cordova, RDH

NEVADA STATE BOARD OF DENTAL EXAMINERS 2651 N. Green Valley Parkway, Suite 104, Henderson, NV 89014 (702) 486-7044 • Fax (702) 486-7046 • nsbde@dental.nv.gov	
FULL NAME (please print) Michelle Condova	
	1698

#### **APPLICATION FOR INFECTION CONTROL INSPECTOR**

I hereby make application for the part-time position of Infection Control (IC) Inspector.

#### **REQUIREMENTS:**

- 1. Must be licensed and practicing as a dentist or dental hygienist in Nevada for the five (5) years preceding the submission of this application;
- 2. Must hold an active Nevada dental or dental hygiene license

1.	Submit a curriculum vitae and any other information you may want considered.
2.	List any prior experience pertaining to Infection Control inspections
3. 4.	Do you have any pending Board complaints against you? YES NO Do you have any history of Board Action(s)? YES NO If yes, please describe (attach additional sheet if necessary)
6. N	List ALL states you hold, or have held (regardless of license status), a license to practice dentistry or dental hygiene (attach additional sheet if necessary):
7.	List of all office addresses in the State of Nevada in which you are currently practicing dentistry or dental hygiene (attach additional sheet if necessary): Office (1) name: <u>Affordable Dentures and Tmplants</u> Office (1) address: <u>4875 Kietzkeln</u> . Suite B, Ren NV 800 Office (1) telephone: <u>775 328-7/23</u>

SIGNATURE OF LICENSEE

12/9/2022 DATE ECEIVEN

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Enter License Number o axact spelling of the nar	or First Name or L me, type only the	ast Name to cheo first few letters. Ye	k on the license s ou do not need to	tatus of your dental e enter value in all field	xaminers. If you don't kno s to begin a search.
Last Name :					
First Name :					
License Number : 101698					
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					Show: 10 ❤ e
Credentials	Practitioner Name	Speciality Details	Locatio	n Status	Public Health Ac
Dental Hygienist	Michelle Cordova Renee , RDH			Active	
		Full Name :	Cordova, Michel	le Renee , RDH	
	Primary O	ffice Address :	10455 Double R	Blvd, #1018	
		City, State Zip :	Reno, NV 89511		
		Office Phone :			
	Lic	ense Number :	101698		
		License Date :	02/11/2011		
		Status :	Active		
	E	xpiration Date :	06/30/2024		
	Gr	aduated From :			
	Gra	aduation Date :			
Permits :					
Permit		Permit N	umber	Issue Date	Exp Date
Local Anesthesia		1016	98	01/01/0001	06/30/2030
Board Action / Ma	Ipractice :				
Act	tion Type		Date	Docum	ent Link
			- Close detail		

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# Agenda Item 4(b)(3):

### Helen Z Kanian, DDS

NEVADA STATE BOARD OF DENTAL EXAMINERS 6010 S Rainbow Boulevard, Building A, Suite 1 Las Vegas, NV 89118 (702) 486-7044 (Telephone) / (702) 486-7046 (FAX)								
ULL	NAME (please print)			_				
ULL	MAILING ADDRES							
ELEI MAII	PHONE		LICENSE NO:	4581				
	APPLIC	CATION FOR INFECTION CO	NTROL (IC) INSPECTOR					
heret	by make application f	or the part-time position of Infe	ction Control (IC) Inspecto	<b>r</b> :				
<b>REQI</b> 1. 2.	UIREMENTS: Must be licensed and submission of this app Must hold an active No	practicing as a dentist or dental hygie vlication; evada dental or dental hygiene licens	enist in Nevada for the 5 years p e	receding the				
1.	Submit a curriculum vi	itae and any other information you ma	ay want considered					
2.	List any prior experien	ce pertaining to Infection Control insp	e pertaining to Infection Control inspections. NDARDS IN MY PRIVATE PRACTICE					
	MAINTAINING ST	ANDARDS IN MY PRIVATE PRAC						
3.	Do you have any pend	ling Board complaints against you?	YES / NO					
4.	Do you have any histo If yes, please describe	ry of Board Action(s)? YES / NO below (attach additional sheet if nec	essary):					
5.	List ALL states you hol hygiene (attach additio NV OH	ld, or have held (regardless of license mal sheet if necessary):	e status), a license to practice de	entistry or dental				
6.	List of all office address (attach additional shee	ses in the State of Nevada in which y it if necessary):	ou are currently practicing dent	stry or dental hygiend				
	Office (1) name:							
	Office (1) address:	9850 S. MARYLAND PKWY. S	TE 3 LAS VEGAS, NV 89183					
	Office (1) telephone:							

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#### Nevada State Board of Dental Examiners

Enter License Number or First Name or Last Name to check on the license status of your dental examiners. If you don't know the texact spelling of the name, type only the first few letters. You do not need to enter value in all fields to begin a search. ast Name : license Number : deanse : deanse Number :	License information o applications and form are being reviewed.	n this site reflects ir s are subject to sta	nformation in the ndard processing	Nevada State Board of De g time, and the information	ental Examinen here does not	s database; howeve reflect pending char	r, nges whic
xxxxx spelling of the name, type only the tirst lew letters. You do not need to enter value in all fields to begin a search. ast Name : itense Number : 4581 Search Reset for a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed formation. To clear the search and enter new search, click on the Reset button above. Show : 10 v; entri Credentiale Practitioner Speciality Location Status Public Health Action Dentist Helen Kanian Las Vegas NV 89183 Active Zoffa , DDS Futinary Office Address : 9850 S Maryland Pkwy, STE 3 City, State Zip : Las Vegas, NV 89183 Office Phone : License Number : 4581 License Date : 02/26/2004 Status : Active Expiration Date : 06/30/2023 Graduated From : Case Western Reserve University Graduation Date : 05/01/1986	Enter License Numbe	r or First Name or L	ast Name to ch	eck on the license status o	f your dental e	caminers. If you don	't know th
ast Name : First Name : First Name : Search Reset For a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed formation. To clear the search and enter new search, click on the Reset button above. Show : 10 v entri Credentials Practitioner Speciality Credentials Practitioner Speciality Credentials Practitioner Speciality Dentist Helen Kanian Las Vegas NV 89183 Active Zsofia , DDS Full Name : Kanian, Helen Zsofia , DDS Primary Office Address : 9850 S Maryland Pkwy, STE 3 City, State Zip : Las Vegas, NV 89183 Office Phone : License Number : 4581 License Number : 4581 License Number : 4581 License Number : 06/30/2023 Graduated From : Case Western Reserve University Graduated From : Case Western Reserve University Graduated From : 05/01/1986	exact spelling of the n	ame, type only the	first few letters.	You do not need to enter v	alue in all field:	s to begin a search.	
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itense Number : 4531 Search Reset To a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed for a more detailed view of a licensee's information, click on the Reset button above. The search and enter new search, click on the Reset button above. Show : 10 v entri Credentials Practitioner Speciality Details Location Status Public Health Action Dentist Helen Kanian Las Vegas NV 89183 Active Zsofia , DDS Full Name : Kanian, Helen Zsofia , DDS Full Name : Kanian, Helen Zsofia , DDS Full Name : e 060 S Maryland Pkwy, STE 3 City, State Zip : Las Vegas, NV 89183 Office Phone : License Number : 4581 License Date : 02/26/2004 Status : Active Expiration Date : 06/03/2023 Graduated From : Case Western Reserve University Graduated From : 05/01/1988	First Name :						
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ror a more detailed view of a licensee's information, click the View Details button on the row for which you want detailed formation. To clear the search and enter new search, click on the Reset button above. Show : 10  ✓ entri Show : 10  ✓ entri Credentials Practitioner Speciality Location Status Public Health Action Dentist Helen Kanian Las Vegas NV 89183 Active Full Name : Kanian, Helen Zsofia , DDS Full Name : Use Status : 9850 S Maryland Pkwy, STE 3 City, State ZIP : Las Vegas, NV 89183 Office Phone : License Number : 4681 License Number : 06/30/2023 Graduated From : Case Western Reserve University Graduated From : Case Western Reserve University Graduation Date : 05/01/1988	Search						
Dentist       Helen Kanian Zoña , DDS       Las Vegas NV 89183       Active         Full Name:       Kanian, Helen Zsofia , DDS         Frimary Office Addres:       9850 S Maryland Pkwy, STE 3         City, State Zip:       Las Vegas, NV 89183         Office Phone:       License Number:         License Number:       4581         License Number:       92/26/2004         Status:       Active         Expiration Date:       06/30/2023         Graduated From:       Case Western Reserve University         Caraduated From:       05/01/1988	Credentials	Practitioner Name	Speciality Details	Location	Status	Show : 10 Public Health	Actior
Full Name :       Kanian, Helen Zsofia , DDS         Frimary Office Address :       9850 S Maryland Pkwy, STE 3         City, State Zip :       Las Vegas, NV 89183         Office Phone :       License Number :         License Number :       4581         License Date :       02/26/2004         Status :       Active         Expiration Date :       06/30/2023         Graduated From :       Case Western Reserve University         Graduation Date :       05/01/1988	Dentist	Helen Kanian		Las Vegas NV 8918	3 Active		
Full Name:       Kanian, Helen Zsofia, DDS         Primary Office Address:       9850 S Maryland Pkwy, STE 3         City, State Zip:       Las Vegas, NV 89183         Office Phone:       1         License Number:       4581         License Date:       02/26/2004         Status:       Active         Explication Date:       06/30/2023         Graduated From:       Case Western Reserve University         Graduation Date:       05/01/1988		Zsofia , DDS					
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### Agenda Item 4(c):

Discussion, Consideration and Possible Recommendation to the Full Board of Proposed Adjustments to the Infection Control Survey Form in General

INFECTION CONTROL INSPECTION/SURVEY FORM						Rev		
Den	Dental Office Name: Date of Inspection:							
Licensee Name: Owner Dentist:								
Add	ress:				INSPECTOR(S)			
				(1)	(2)			
City		State:	Zin Code:	PLIR				
city		Nevada	Lip coue.	Initial Inspection:	Randor	n Insp	ection	: 🗖
		COMPL	IANCE LEVEL C	RITERIA – LEVEL # 1-4				
#1·	CRITICAL: MUST BE MET. COUL TREAT PATIENTS.	LD RESULT IN IMI	MEDIATE TERMIN	NATION OF PATIENT CARE A	ND EXTENDED OFFICE	INABI	LITY TO	1
# 2	- REMEDIAL ACTION REQUIRED	D: REQUIRES CO	RRECTIVE COM	PLIANCE WITHIN 7DAYS.				
#3	- ACTION REQUIRED: REQUIR	RES CORRECTIV	E COMPLIANCE	WITHIN 30 DAYS.				
#4-	ACTION RECOMMENDED: NOT		COMPLIANCE AT	THIS TIME – COMPLIANCE	REQUIREMENTS SUBJ	ЕСТ ТО	CHANG	iΕ
REG	CORD KEEPING – EACH PR					LEVEL	Y	N
1	Written infection control progr	am that is specifi	c for the owner o	f this location		1-4 3	Y	N
EDL	ICATION & TRAINING						-	
2	Documentation of review of the	e infection contro	ol plan at least an	nually to ensure compliance	e with best practices	3	Y	N
3	3 Documentation of Bloodborne Pathogen training at the date of hire for practice				3	Y	N	
4	<ul> <li>Documentation of education and training that is appropriate to the assigned duties of the specific DHCP</li> <li>(dental health care personnel) and include hands on training for all staff assigned to process semi critical and critical instruments</li> </ul>						Y	N
5	Training records kept for 3+ y	ears				3	Y	Ν
6	6 Mechanism for corrective action for any deviation from written policy. Documentation of any corrective actions						Y	Ν
	FIDENTIAL VACCINATION REC	ORDS, EXPOSUR S	E AND POST EX	POSURE MANAGEMENT, I	MEDICAL CONDITION	IS, WO	RK REL	ATED
7	Does the Licensee have writte assistants who has an acute o infection which may expose a	en policies and p or chronic medica patient to the r	rocedures to add al condition(s) th isk of infection.	dress whether a dentist, hy nat render them susceptible	ygienists or dental e to opportunistic	3	Y	N
8	Documentation of vaccination informed consent of exposure	ns offered to DHe e risk, and declin	CP (Hepatitis B, Infl ations of such va	uenza, MMR, Varicella, Tetanus ,l accinations or immunizatio	Meningococcal), ons	3	Y	Ν
9	Employee health records inclu	ude any exposur	e and post expo	sure and follow up records	i	3	Y	Ν
10	• Written policies and procedures regarding all occupational exposures which include a post exposure medical plan (e.g. use CDC needle stick/sharps injury/exposure protocol)				ost exposure	3	Y	Ν
11	L 24/7 contact telephone number listed and posted for qualified healthcare provider				3	Y	Ν	
12	2 Exposure and incident reporting forms				3	Y	Ν	
13	Sharps injury log					3	Y	Ν
14	Written policy and procedure	for patients kno	wn to have com	municable disease upon a	rrival	3	Y	Ν
BLO	ODBORNE PATHOGEN ELEMEN	NTS						
15	Written policies and procedur	res for the preve	ntion of transmi	ssion of bloodborne patho	ogens	3	Y	Ν
16	Written policies for hand hygier agents	ne, including doc	umentation of tra	aining and appropriate selec	tion of antiseptic	3	Y	Ν
17	Written policies for use of per	rsonal protective	equipment			3	Y	Ν
18	Monitoring and documentation	on of compliance	e with PPE			3	Y	Ν

2

1

Y

Y

Ν

Ν

		ee Pub		UK Fag	je 70	
19	Written policies and procedures for handling and management of sharps		3	Y	Ν	
	DISINFECTION AND STERILIZATION OF PATIENT CARE ITEMS					
20	Writen policies and procedures for managing semi-critical and critical items		3	Y	Ν	
21	Written system outlining entire sterilization process (written policies and procedures for transporting a processing of all contaminated critical and semi-critical instruments, the instrument processing area, preparation and packaging of instruments, sterilization and storage of sterilized and clean dental instruments)	and	3	Y	N	
22	Written policy and procedures for sterilization monitoring		3	Y	Ν	
23	Weekly biological monitoring logs		1	Y	N	
24	Current maintenance logs for sterilization equipment		3	Y	N	
25	Weekly biological monitoring logs kept for 2+ years or since opening date:		3	Y	Ν	
26	Written policy for managing failed chemical, heat or biological monitoring test		3	Y	Ν	
27	Equipment and manintenance logs		3	Y	Ν	
ENV	/IRONMENTAL INFECTION CONTROL ELEMENTS					
28	Written policy and procedure for aseptic management during patient care		3	Y	N	
29	Written policy and procedure for surface disinfection and environmental barrier protection		3	Y	Ν	
30	Written policy and procedure for medical waste management		3	Y	Ν	
31	Name/telephone number of licensed waste hauler for regulated waste					
32	Written Policy and procedure for decontaminating spills of blood or other body fluids					
33	Written policy and procedure to improve dental unit water quality					
34	4 Documentation of dental unit water lines testing to meet potable water standard of EPA (<500 CFU/ml)					
35	5 Documentation of action taken to meet EPA potable water standard, including re-testing					
36	Written policy and procedure to maintain aesepis and prevent cross contamination when taking and processing dental radiographs					
27	Written policy and procedure to maintain asepsis and prevent cross contamination during dental		2	v	NI	
57	laboratory procedures		3	T		
OTH	IER					
38	A comprehensive and annually up-dated medical histroy form is used to evaluate patients		3	Y	Ν	
COI	MMUNICABLE DISEASE CONTROL PROCEDURES	LEVEL 1-4	Y	Ν	N/A	
39	Single use or sterilization for critical items	1	Y	Ν	N/A	
40	Multi - dose vials used		Y	N		
41	a) if yes, vials are only entered with new, sterile syringe with a new, sterile needle	1	Y	N	N/A	
42	b) Cap of multi-dose vial cleaned with alcohol based wipe before being accessed	2	Y	N	N/A	
43	bave date when first accessed	2	Y	N	N/A	
44	d) is initial access dated on the multi-use vials	2	Y	N	N/A	
45	Fluid infusion and administration sets (IV bags, tubing and connectors) used?		Y	N		
46	a) if yes, used only on one patient	1	Y	N	N/A	
47	b) Disposed of after single use?	1	Y	N	N/A	
48	c) Single IV bag is <u>not</u> used to mix medications for more than one patient	1	Y	N	N/A	
49 E0	a) single uose medication/infusions are used for only one patient and discarded after use	2	Y	N N	N/A	
50	Supplies for hand hygiene accessible to employees at point of need	2	v	N	-	
52	Soap and water easily accessible	2	Ŷ	N		

Alcohol based rubs easily accessible-if used

Team members display appropriate hand hygiene techniques

53

54

A	PPROPRIATE PPE SUPPLIES ACCESSIBLE & EMPLOYEES WITH EXPOSURE RISKS				
55	Gloves (Latex and latex free or just latex free) Sterile Surgical Glovesfor surgical procedures	1	YYY	N N	
56	Masks	1	Ý	N	
57	Safety glasses with side shield or full face shields	1	Ŷ	N	
58	Disposable gowns/laundered gowns offered	1	Ŷ	N	
59	Health care workers display appropriate use of PPE barriers	2	v	N	
60	Punning water ave wash station accessible	2	v	N	
60	Ruining water eye wash station accessible	2	T V	IN N	
61	Appropriate barrier products available ( dental dams, protective eyewear, other)	2	Y	IN	
62	Basic first aid products and equipment available (Recommended to include: hitrogylerin, Benadryl,	4	Y	Ν	
DEN					
DEN 62	Dentel unit water lines flushed between nationts for a minimum of 20 seconds	2	V	N	
63	Dental unit water lines are treated to remove hiefilm	2	Y	IN N	
64	Dental unit water lines are treated to remove bionim Maintain documentation of dental unit water line testing to meet the notable water standard of EDA (c	4	Ŷ	IN	
65	500 CFU/ml)	4	Y	N	
66	Maintain documentation of dental unit water lines not meeting the potable water standard of EPA are treated and rotested	4	Y	Ν	N/A
	CLEANING DISINFECTION & STERILIZATION OF PATIENT CARE ITEMS				
67	Biofilm and organic matter are removed from critical and semi-critical instruments using detergents	2	Y	N	
60	or enzymatic cleaners prior to sterilization				
68	Sterilization equipment available and fully functional	1	Ŷ	N	
69	Number of working autoclaves:	1	Y	N	N/A
70	Number of working chemiclaves:	1	Y	Ν	N/A
71	Number of working dry heat sterilizers:	1	Y	Ν	N/A
72	Number of working Flash steam sterilizers (Statim):	1	Y	Ν	N/A
73	Number of working ultrasonic cleaners:	1	Y	Ν	
74	Endodontic files/instrumentation sterilized or disposed	1	Y	Ν	
75	Is Biological testing of sterilizer completed weekly	1	Y	Ν	
76	If independent biological testing service, Name:		Y	N	N/A
77	If in-office biological testing, is control processed?	2	Y	N	N/A
78	Sterilization cycles are verified with chemical/beat indicator. Both interior and external indicators	2	v	N	•
70	Critical items (any instrument that nonstrates soft tissue or bone) instruments are sterilized after each use	1	v	N	
80	Use a biological indicator for every sterilizer load that contains a non-sterile Implantable device.	1	Y	N	N/A
	Verify results before using the implantable device, whenever possible.		V		
81	Proper sterilization loading technique, not overloading	2	Y	N	
82	Heat Tolerant Handpieces are sterilized after each use (including high & low speed handpieces, prophylaxis angles, ultrasonic and sonic scaling tips, air abrasion devices, air and water syringe tips, and motorswith exception of electric type models)	1	Y	Ν	
83	Sterile packs are inspected for integrity, compromised packs are reprocessed	2	Y	Ν	
84	Event-related monitoring is used to monitor package integrity and packages are appropriately stored with a minimum of an initial date stamp	2	Y	Ν	
85	Single use instruments or devices are not processed and re-used	1	Y	Ν	
86	Semi-critical items are sterilized after each use if not heat sensitive	1	Y	Ν	
87	Heat sensitive semi-critical are at a minimum high level disinfected after each use or chemical sterilized after each use	1	Y	Ν	
88	Practice is using an EDA approved chemical sterilant	2	Y	N	N/A
	All applicable label instruction are followed on FDA approved chemical sterilant (dilution, expiration date	-	•		-,
89	shelf life, storage, safe use, disposal and material compatibility) Practice is using a EDA approved method as high level disinfectant (for boat-consitive comicritical patient	2	Y	N	N/A
90	care items)	2	Y	Ν	N/A
#### Infection Control Committee Public Book Page 72

91	Method used for high level disinfection are prepared and follow the manufacturer's instructions of use (dilution, expiration date, shelf life, storage, safe use, disposal and material compatibility)	2	Y	Ν	N/A
Aseptic Techniques:					
92	Splash shields and equipment guards used on dental laboratory lathes	4	Y	Ν	N/A
93	Fresh pumice and a sterilized, or new rag wheel used for each patient	2	Y	Ν	N/A
94	Are devices used to polish, trim or adjust contaminated intraoral devices being disinfected or sterilized	2	Y	Ν	N/A
95	ntraoral items such as impressions, bite registrations, prostheses and orthodontic appliances are cleaned and disinfected 2		Y	N	
Envi	ronmental Infection Control		LEVEL 1-4	Y	N
96	Clinical contact surfaces (frequently touched surface that could potentially allow secondary transmission to HCW or patients) that are not barrier-protected are cleaned and disinfected using an EPA registered hospital disinfectant with low to intermediate claim after each patient. Uses intermediate level disinfectant (TB claim) if visibly contaminated with blood.			Y	N
97	Housekeeping surfaces (sinks, floors, walls) are cleaned on a routine basis			Υ	Ν
98	Environmental surfaces are disinfected with an EPA registered low intermediate disinfectant (TB claim) at beginning and end of day			Y	N
99	EPA registered disinfectants are prepared and follow the manufacturer's instruction of use (dilution, shelf life, storage, use of material compatibility)			Y	Ν
100	All clinical contact surfaces are protected with barriers (especially areas that are difficult to clean)			Y	Ν
101	Clinical contact barriers are changed between patients			Υ	Ν
102	Decontamination and clean areas separated in the instrument processing area		2	Y	Ν
103	Biohazardous waste is disposed of properly			Y	Ν
Sharps					
104	Approved sharps containers utilized and accessible		2	Y	Ν
105	Sharps container taken out of service and processed appropriately			Y	Ν
106	Safe recapping techniques/devices used			Y	Ν
107	Sharps (needles, blades) are single use			Y	Ν
108	Employees use engineering controls (e.g., forceps) to retrieve contaminated sharps from trays or containers			Y	Ν

# ACKNOWLEDGEMENT AND RECEIPT OF COPY BY OWNER/AUTHORIZED AGENT

The owner of the dental practice hereby acknowledges that by executing this document below and initialing each page's lower right hand corner on the line "Licensee Initials," receipt of a copy of this inspection/survey form is acknowledged.

In the event the dental practice has satisfactorily completed the inspection, as noted in this inspection/survey form, the owner/licensee will receive from the Board's Executive Director and/or representative, written notice of satisfactorily completing the inspection conducted.

If an owner/licensee has commenced the practice of dentistry prior to an Initial Inspection (NAC 631.1785) at any given location that inspection shall be deemed to be a Random Inspection pursuant to NAC 631.179.

If the inspection indicates "critical" deficiencies (items listed as "#1's") the owner/licensee will receive written notice from the Board's Executive Director and/or representative of the "critical" deficiencies and that a re-inspection will be conducted within seventy-two (72) hours of the written notice. However in the event the "critical" deficiencies noted, pose an immediate threat to the public health, safety and/or welfare the President of the Board, may without any further action of the Board, issue an Order of Summary Suspension pursuant to NAC 631.179(4).

In the event the inspection indicates "remedial action required" deficiencies (items listed as "#2's"), the owner/licensee will receive written notice from the Board's Executive Director and/or representative of the "remedial action required" deficiencies and that a re-inspection will be conducted within seven (7) days of the written notice.

In the event the inspection indicates "action required" deficiencies (items listed with a "#3"), the owner/licensee will receive written notice from the Board's Executive Director and/or representative of the "action required" deficiencies and that a re-inspection will be conducted within thirty (30) days of the written notice.

Receipt of a copy of the foregoing is hereby acknowledged;

By \_\_\_\_

Print name: this \_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_ at \_\_\_\_\_.m. Title and/or position/capacity: \_\_\_\_\_\_

IC Inspection/Survey Form Changes

#8 Change to include TB testing for new employees per CDC recommendations and State requirements.

Documentation of vaccinations and testing offered to DHCP (TB Testing, Hepatitis B, Influenza, MMR, Varicella, Tetanus, Meningococcal,) informed consent of exposure risk, and declination of such vaccinations or immunizations. TB testing must be recorded within 12 months of hire.

#23 Clarify records for biologic monitoring

Weekly biological monitoring logs that include the dates sent, returned and the results.

#24 Remove and combine with #27

Equipment and maintenance logs including sterilizers, ultrasonic quarterly testing/temp monitoring if required, main traps, eye wash, amalgam separator, and chair/operatory maintenance/repair.

#32 Clarify requirements

Written policy and procedure for decontaminating spills of blood or other body fluids with necessary supplies present for decontamination

#34, 35 Change from level 4 to level 3

#56 change to

Minimum level 3 Masks

#### #57 re-word

Safety glasses with side shields and full-face shields used in conjunction with safety glasses.

#58 re-word

Disposable full-length gowns/laundered full-length gowns changed between aerosol producing procedures or when they become visibly soiled or after each patient if disposable.

## #61 re-word

Appropriate barrier products available for patient use (dental dams, protective eye wear, etc)

## #62 re-word and change to level 2

Basic first aid products and equipment available (Recommended to include: nitroglycerin, Benadryl, Epinephrine Auto Injector, Oxygen, Aspirin, Albuterol, and Glucose) #63 re-word

Dental unit water lines flushed for 2 minutes each day prior to use and between patients for a minimum of 20 seconds.

#64 change from level 3 to level 2

Delete #65, 66 repeat items

## #67 re-word

Biofilm and organic matter are removed from critical and semi-critical instruments using detergents or enzymatic cleaners prior to sterilization following manufacture recommendations that may require monitoring temperature and time.

#74 delete as it is covered in #79

## #75 re-word

Is biological testing of sterilizer completed weekly on each cycle used (pouched, plastics) and on a full bio burden load under normal processing parameters? (full load of instruments, not overloaded, spore test strip or vial in a pouch)

## #78 re-word

Sterilization cycles are verified with chemical/heat indicator. Both interior and external indicators, including any closed cassettes/containers (endo, implant restore kits) must have class V integrator inside of container/cassette

#80 this should be removed as there are no implantable devices that can be sterilized in a dental office.

CDC Definition of Implantable device: according to the Food and Drug Administration (FDA), "device that is placed into a surgically or naturally formed cavity of the human body if it is intended to remain there for a period of 30 days or more" [21 CFR 812.3(d)].

## #84 re-word

Event-related monitoring is used to monitor package integrity and packages are appropriately stored with a minimum of an initial date stamp and sterilizer used (if more than one is present)

# #85 re-word

Single use items, supplies or devices and items labeled with  $\bigotimes$  are not processed and reused.

#### #88 New

Xray units, digital sensors, cameras, scanners, curing light handles and other semicritical items that are not heat or chemical tolerant use FDA cleared barriers and are cleaned then disinfected with an intermediate disinfection agent between patients.

#### #95 re-word

Intraoral items such as impressions, bite registrations, prosthetics, crown and bridge, and orthodontic appliances are cleaned and disinfected before lab procedures and before delivering to the patient.

# #96 re-word

Clinical contact surfaces (frequently touched surface that could patiently allow secondary transmission to the DHCW or patient) that are not barrier-protected are cleaned then disinfected using an EPA registered hospital disinfectant with low to intermediate claim after each patient following manufacture recommendations. Uses intermediate level disinfectant (TB claim) if visibly contaminated with blood.

## #97 re-word

Housekeeping surfaces (sinks, floors, walls, drawers, supply containers, etc) are cleaned on a routine basis.

## #104 re-word

Approved sharps containers utilized, accessible, and secured to counter/wall

# #108 re-word

*Employees use engineering controls (e.g. forceps, hemostat) to retrieve contaminated sharps from syringe, trays or containers*