

Community Health Network, Inc.
MEDICAL STAFF POLICIES & PROCEDURES

- Community Hospital East**
- Community Hospital North**

- Community Hospital South**
- Community Heart and Vascular**

TITLE: TESTING FOR TUBERCULOSIS

PURPOSE: The Center for Disease Control (CDC) and the Indiana State Board of Health require annual testing and/or screening for tuberculosis (TB). Annual Skin/Blood test will be required for practitioners working in certain high-risk areas. An annual tuberculosis questionnaire must be complete by practitioners in all other areas.

High-risk areas requiring Annual Skin/Blood Test include: Emergency Department, MedCheck, Infectious Disease, Pulmonary Medicine, Critical Care, Hospitalist and Touch Point.

PROCESS:

- **Annual SKIN TEST/ BLOOD TESTS:** This requirement includes testing with the Purified Protein Derivative (PPD) or use of blood tests that measure a component of cell-mediated immune reactivity to M. tuberculosis. Blood tests are performed using several brands of Interferon-Gamma Release Assays, also known as IGRA's, to quantify interferon-gamma released from sensitized lymphocytes. Skin tests must then be read by a certified Indiana State Board of Health interpreter. Results of readings must be recorded in millimeters (mm) and signed by the interpreter to be accepted. Results of positive testing must be followed up in an appropriate fashion. Before a practitioner is allowed to continue to practice, an attestation showing no evidence of active TB must be provided. This attestation must be provided by a qualified and acceptable practitioner. (Examples of non-acceptable practitioners may include direct family members, immediate partners, non-qualified providers) Results of >10mm testing (or less depending on other factors based on CDC guidelines) or a positive IGRA test must be followed up with screening documentation of a chest x-ray completed by a physician attesting the physician does not have active TB. Results are then submitted to Medical Staff Services.
- **Annual QUESTIONNAIRE:** Known previous reactors to PPD or positive IGRA must complete the questions included in the notification document. If providers answer **YES** to any of the questions, they must submit documentation signed by a physician confirming that the practitioner does not have active TB. Questions asked include: In the past year, have you had any of the following:
 1. A cough which lasted more than a few days
 2. A cough which produced bleeding or blood
 3. Unexplained weight loss
 4. Persistent Chills or sweats
 5. Sweating during sleep
 6. Unexplained shortness of breath or other respiratory symptoms

ACTION: Physicians and Allied Health Providers must comply with the requirements of this policy in order to maintain privileges at Community Health Network. Non-compliance with this policy will result in administrative suspension of privileges and notification to the Medical Staff Department Chair and/President or Chief of Staff. Such actions will also be reviewed as a quality assessment issue but will not be reportable to the NPDB.

Originated: 07/95; 11/05 (S); 12/02 (TIHH)

East/North Medical Executive Council Approval: 04/16/02; 06/21/05; 4/21/09; 8/19/14; 9/19/17; 2/9/2021

South Medical Executive Council Approval: 02/13/06; 4/13/09; 5/14/13; 10/10/17; 2/9/2021

Board of Directors Approval: 06/03/02; 7/11/05; 6/1/09; 6/10/13; 9/08/14; 11/13/17, 3/8/2021

Reviewed and revised by Infection Prevention 11/2020

CDC Guidelines for Using the QuantiFERON[®]-TB Test for Diagnosing Latent *Mycobacterium tuberculosis* Infection January 31, 2003