

|->

Chapter 61@ DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

|->

Subchapter 61-17@ STANDARDS FOR LICENSING NURSING HOMES

|->

Sec2 61-17.1700@ INFECTION CONTROL AND ENVIRONMENT

|->

Section 61-17.1700.1704@ Resident Tuberculosis Screening (I)

61-17.1700.1704 Resident Tuberculosis Screening (I)

A.

Tuberculosis Status. Prior to admission, the tuberculosis status of a resident shall be determined in the following manner in accordance with the applicable risk classification:

B.

For Low Risk and Medium Risk: 1. Admission/Baseline two-step TST or a single BAMT: All residents within one (1) month prior to admission unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly-admitted resident has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered within one (1) month prior to admission to the facility to serve as the baseline. In the institutional nursing home setting, residents admitted from other parts of that institutional campus who have had TB screening done which meets the requirements outlined in this section and which was done within the last six (6) months will not be required to undergo additional initial screening. a. A facility may admit a resident with at least the first step of the TB screening process completed prior to admission and the second step within fourteen (14) days of admission. b. A facility may admit, when appropriate, only those residents referred by South Carolina Department of Social Services (SCDSS) Adult Protective Services subject to documenting a current chest radiograph (negative for TB) and a negative

assessment for signs and symptoms of TB followed by two-step TST completed within fourteen (14) days of admission. 2. Periodic TST or BAMT is not required. 3. Post-exposure TST or a BAMT for residents upon unprotected exposure to M. tuberculosis: Perform a contact investigation when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all residents who have had exposure to an infectious TB case or suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8-10) weeks after that exposure to M. tuberculosis ended.

1.

Admission/Baseline two-step TST or a single BAMT: All residents within one (1) month prior to admission unless there is a documented TST or a BAMT result during the previous twelve (12) months. If a newly-admitted resident has had a documented negative TST or a BAMT result within the previous twelve (12) months, a single TST (or the single BAMT) can be administered within one (1) month prior to admission to the facility to serve as the baseline. In the institutional nursing home setting, residents admitted from other parts of that institutional campus who have had TB screening done which meets the requirements outlined in this section and which was done within the last six (6) months will not be required to undergo additional initial screening. a. A facility may admit a resident with at least the first step of the TB screening process completed prior to admission and the second step within fourteen (14) days of admission. b. A facility may admit, when appropriate, only those residents referred by South Carolina Department of Social Services (SCDSS) Adult Protective Services subject to documenting a current chest radiograph (negative for TB) and a negative assessment for signs and symptoms of TB followed by two-step TST completed within fourteen (14) days of admission.

a.

A facility may admit a resident with at least the first step of the TB screening process completed prior to admission and the second step within fourteen (14) days of admission.

b.

A facility may admit, when appropriate, only those residents referred by South Carolina Department of Social Services (SCDSS) Adult Protective Services subject to documenting a current chest radiograph (negative for TB) and a negative assessment for signs and symptoms of TB followed by two-step TST completed within fourteen (14) days of admission.

2.

Periodic TST or BAMT is not required.

3.

Post-exposure TST or a BAMT for residents upon unprotected exposure to M. tuberculosis: Perform a contact investigation when unprotected exposure is identified. Administer one (1) TST or a BAMT as soon as possible to all residents who have had exposure to an infectious TB case or suspect. If the TST or the BAMT result is negative, administer another TST or a BAMT eight to ten (8-10) weeks after that exposure to M. tuberculosis ended.

C.

Baseline Positive or Newly Positive Test Result: 1. Residents with a baseline positive or newly positive test result for M. tuberculosis infection (for example, TST or BAMT) or documentation of treatment for latent TB infection (LTBI) or TB disease or signs or symptoms of tuberculosis, for example, cough, weight loss, night sweats, fever, shall have a chest radiograph performed immediately to exclude TB disease (or evaluate an interpretable copy taken within the previous three (3) months). Routine repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician. These residents will be evaluated for the need for treatment of TB disease or latent TB infection (LTBI) and

will be encouraged to follow the recommendations made by a physician with TB expertise (for example, the Department's TB Control program). 2. Residents with positive TST results (regardless of when that conversion was first documented) shall document that conversion, document a subsequent negative chest radiograph and receive a negative assessment for signs and symptoms of TB before they may be admitted, as appropriate. 3. Residents who are known or suspected to have TB disease shall be transferred from the facility if the facility does not have an Airborne Infection Isolation room (See Section 101.G), required to undergo evaluation by a physician, and permitted to return to the facility only with approval by the Department's TB Control program.

1.

Residents with a baseline positive or newly positive test result for *M. tuberculosis* infection (for example, TST or BAMT) or documentation of treatment for latent TB infection (LTBI) or TB disease or signs or symptoms of tuberculosis, for example, cough, weight loss, night sweats, fever, shall have a chest radiograph performed immediately to exclude TB disease (or evaluate an interpretable copy taken within the previous three (3) months). Routine repeat chest radiographs are not required unless symptoms or signs of TB disease develop or unless recommended by a physician. These residents will be evaluated for the need for treatment of TB disease or latent TB infection (LTBI) and will be encouraged to follow the recommendations made by a physician with TB expertise (for example, the Department's TB Control program).

2.

Residents with positive TST results (regardless of when that conversion was first documented) shall document that conversion, document a subsequent negative chest radiograph and receive a negative assessment for signs and symptoms of TB before they may be admitted, as appropriate.

3.

Residents who are known or suspected to have TB disease shall be transferred from the facility if the facility does not have an Airborne Infection Isolation room (See Section 101.G), required to undergo evaluation by a physician, and permitted to return to the facility only with approval by the Department's TB Control program.