South Carolina
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Promoting Health, Protecting the Environment

August 30, 1995

MEMORANDUM

To: All Intermediate Care Facility for the Mentally Retarded, Nursing Home, and Hospital Administrators

From: Alan Samuels, Director
Division of Health Licensing

Subject: Enforcement guidelines for Tuberculin screening of residents/clients

Tuberculosis (TB) in the elderly and other high risk groups is of major concern in South Carolina, as well as in the United States. In the past few years, about 25% of all new cases in South Carolina have occurred in persons in this age group. Fifty-eight of these cases occurred in persons living in long term care (LTC) settings, such as nursing homes and Intermediate Care Facilities for the Mentally Retarded (ICF/MRs) (for the purposes of this memorandum the term LTC facility will include nursing homes and ICF/MRs only.) These statistics prompted the Divisions of Tuberculosis Control and Health Licensing to reinforce the importance of determining tuberculosis status upon entry to facilities by use of the two-step tuberculin skin test.

The two-step test (intradermal Mantoux method) is given to establish a true baseline. If the resident/client does not react to the first test, the second is given to give the immune system a "boost." The second test should be positive if the person is truly infected with tuberculosis. This baseline information will become very important in the future, if there is an active case of tuberculosis in a facility and an investigation is done to determine if there has been spread of the disease. By having established a true baseline in all residents/clients, the likelihood of misinterpreting later tests is minimized, thus eliminating the possibility of further unnecessary medical tests and medications for those who may not need them. (Note: Multiple puncture tests are not acceptable screening for any person in any LTC facility admission/transfer situation.)

The purpose of this memorandum is to clarify misunderstandings regarding enforcement of the TB screening requirements in Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section D.(2)(c), and Regulation 61-17, Standards for Licensing

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TUBERCULOSIS SCREENING MEMORANDUM
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Nursing Homes, Section D.(3)(c). R61-13 and R61-17 outline similar TB screening requirements which provide that within one month prior to admission, all first time residents/clients shall have a physical examination including a two-step tuberculin skin test unless they have been documented to have been a previously positive reactor. At the time of the physical examination any applicant found to have symptoms of tuberculosis, e.g., cough, weight loss, night sweats or fever, etc., or a prior positive tuberculin skin test shall have a chest radiograph to exclude the possibility of active tuberculosis disease.

What are the TB screening requirements when a person is being admitted to a LTC facility;

1. from the community or home (or a non-LTC home, such as a community residential care facility)?

--Two-step test, read within one month prior to admission. If the first step is read on or within one month prior to the date of admission and the second step is read no later than one month after admission, the facility will be considered in compliance with the standard. Where immediate nursing home placement is needed and the first step of the two-step TB test cannot be read by the date of admission, the medical record must document a recent (within one month) chest radiograph and a written assessment for symptoms of active TB prior to admission. Then the LTC facility shall perform the two-step test within one month after admission. In the absence of a written assessment and a recent chest radiograph, the documented result of the TB skin test is required on or before the day of admission to the LTC facility.

2. from another LTC facility?

--If transferred directly from one LTC facility to another without any time out of that setting and the two-step screening was completed within six months of transfer, further screening is not required.

--If the two-step screening was completed more than six months before transfer, a single TB skin test, read within one month prior to and by the day of transfer, will be considered in compliance with the standard. Where immediate LTC facility transfer is needed and the single TB skin test cannot be read by the date of transfer, the medical record must document a recent (within one month) chest radiograph and a written assessment for symptoms of active TB prior to transfer. Then the receiving LTC facility shall perform the

single TB skin test within one month after admission. In the absence of a written assessment and a recent chest radiograph, the documented result of the TB skin test is required on or before the day of admission to the receiving LTC facility.

3. directly from a hospital?

--In most cases, the hospital should have administered at least the first step in time to be read on or before the date of transfer. The LTC facility may then administer the second step within one month after transfer.

--Where immediate nursing home placement is needed and the first step of the two-step TB test cannot be read by the date of transfer, the medical record must document a recent (within one month) chest radiograph and a written assessment for symptoms of active TB prior to transfer. Then the LTC facility shall perform the two-step test within one month after admission. In the absence of a written assessment and a recent chest radiograph, the documented result of the TB skin test is required on or before the day of admission to the LTC facility.

--Prospective residents/clients who have been in the hospital less than six months with an unbroken stay and who had the two-step TB skin test during the hospitalization may be admitted to the LTC facility without repeating the test.

--If the prospective resident/client being admitted from a hospital had the two-step test greater than six months before the date of transfer and there is no recent chest radiograph and documented assessment for symptoms of active TB, then a single TB skin test, read by the day of admission, will be considered in compliance with the standard.

4. directly from another LTC facility or hospital on the same institutional campus as the receiving facility?

--The same screening is required as in #2 or #3 above.

5. after having first been admitted to the facility, discharged to the community and then readmitted to the same facility?

--If the resident/client is being readmitted less than six months after the first admission and was two-step tested at that time, rescreening is not required.

--Residents/clients readmitted more than six months after discharge must have a one-step TB test read on, or within one month prior to, the date of readmission (a second step would not be required.) Where immediate LTC facility placement is needed and the single TB skin test cannot be read by the date of readmission, the medical record must document a recent (within one month) chest radiograph and a written assessment for symptoms of active TB prior to readmission. Then the LTC facility shall perform a single TB skin test within one month after admission. In the absence of a written assessment and a recent chest radiograph, documentation of the TB skin test is required on or before the day of readmission to the LTC facility.

By this memorandum we are granting additional latitude on TB screening requirements for residents/clients being admitted (or readmitted) from the community and other LTC facilities. However, the exception (i.e., written assessment and chest radiograph in lieu of two-step TB skin test) must not be resorted to on a routine basis. Routine application of this exception will be considered a violation of the standard and may result in citations and possible imposition of sanctions.

Complete documentation of TB screening, chest radiographs and symptom assessment and/or prior history of positive screening reactions must be in the LTC resident/client's medical record or at least readily available in the facility. We have also included a flow chart which may be of assistance. We hope that this memorandum has answered the most commonly asked questions from your facilities. If we can be of further assistance, please call (803) 737-7202.

AS:RB

Enclosure

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