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September 3, 2008

MEMORANDUM

TO: Administrators of Nursing Homes

FROM: Dennis L. Gibbs, Director
Division of Health Licensing

SUBJECT: Provider-Wide Exceptions and Clarification– Hepatitis B Vaccination and Tuberculosis Screening

§1806.A.2, of Regulation 61-17, Standards for Licensing Nursing Homes requires that,

“2. Each staff member with eligibility as identified in Section 1806.A.1 who elects vaccination shall start the initial dose of the three-dose series within ten (10) days of the date hired and complete the series within four (4) months.”

As an alternative, since the Centers for Disease Control and Protection (CDC) allows 4 – 6 months completions of the hepatitis B vaccination series, completion will be permitted in a period not to exceed 6 months.

Also, §1804.B. requires that,

“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.”

As an alternative to this standard, a resident may be admitted with at least the 1st step of the TB screening process completed prior to admission and the second step within 14 days of admission.

Furthermore, a nursing home is permitted to admit, when appropriate, only those residents referred by SCDSS Adult Protective Services subject to documenting a current chest radiograph (negative for TB) and a negative assessment for signs & symptoms of TB followed by 2-step TST completed within 14 days of admission.

In addition, §1803.D.1. requires that

“Baseline Positive or Newly Positive Test Result:

1. Staff with a baseline positive or newly positive test result for *M. tuberculosis* infection (*i.e.*, TST or BAMT) or documentation of treatment for latent TB infection (LTBI) or TB disease or signs or symptoms of tuberculosis, *e.g.*, 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). These staff members 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 (*i.e.*, the Department’s TB Control Program).”

and §1804.C.1 requires that,

“Baseline Positive or Newly Positive Test Result:

1. Residents with a baseline positive or newly positive test result for *M. tuberculosis* infection (*i.e.*, TST or BAMT) or documentation of treatment for latent TB infection (LTBI) or TB disease or signs or symptoms of tuberculosis, *e.g.*, 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)....”

For clarification, staff and residents with positive TST results (regardless of when that conversion may first have been documented) must document that conversion, document a subsequent negative chest radiograph and be negatively assessed for signs and symptoms of TB and then they may be hired or admitted, as appropriate.

All nursing homes will be required to meet the standards outlined in the regulations, *i.e.*, R61-17, §§ 1806.A.2 and 1804.B, or, may choose to adhere to the alternatives indicated in this letter.

These exceptions apply to any nursing home licensed by the Department. These exceptions relate solely to South Carolina licensing standards. Any adverse condition(s) that may be related to these exceptions may result in revocation of the exception by the Department.

If there are any questions regarding the exceptions or clarification, please contact Randy Clark of the Division of Health Licensing at (803) 545-4370.

DLG/jml

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