

**Mt. San Antonio College**  
**STUDENT HEALTH SERVICES**

**TITLE:** TUBERCULOSIS SCREENING

**POLICY:** TB testing is provided at Student Health Services for students and employees. Students pay a small fee; the district is billed for employees.

**PROCEDURE:** *Screening can be one of the following method:*

**TB skin test**

1. Two appointments are made; one for the administration of PPD and the other for reading the test.
2. At time of appointment, Student's I.D. (or employee) is verified. Employees must have appropriate paper work from District.
3. Patient answers TB screening question and nurse/MA verifies.
4. 0.1 cc of PPD is drawn up into a TB syringe using a small gauge needle. PPD tests are always given immediately after the syringe is filled.
5. Skin is cleansed with alcohol and allowed to dry. Stretch skin taut, insert intradermally with bevel of needle facing upward. A "wheal" should be produced when 0.1 cc is injected.
6. Patient is to return 48-72 hours for reading.
7. A positive reading of 10 mm (or more) induration requires:
  - Referral for a chest x-ray.
  - Written notification to patient not to repeat the PPD test and to follow-up with MD.
  - The chart is forwarded to the designated nurse.
  - The CXR will be reviewed by a clinician prior to the student receiving results.
  - The patient should follow-up with his/her PMD or Local Health Department to discuss INH.
8. Patients will be given a written copy of test results.
9. Patients with a history of BCG immunizations should still be tested to establish negative/positive status.  
 (The PPD test returns to negative within a short period of time after receiving BCG). If positive, refer for a chest x-ray.
10. Any patient who has cancer, leukemia, or any immunosuppressive diseases should be referred to a doctor.
11. If they have vaccinated with a live virus (MMR/Polio) in the past 30 days or have recently been on oral steroids (within the last 30 days); the patient must wait at least 30 days prior to receiving the PPD test.
12. False negative readings can also result with the injection of too little antigen; delayed administration after drawing up the TB solution into the syringe; or if the injection is too deep. If the nurse determines that this may have happened, retest the patient in the opposite arm and document.
13. All information documented in Electronic Health Records.

## **2 Step TB Test**

1. If the first step TB test was read negative, patient may proceed to the second step.
2. Time frame between first and second TB test should be 1 week or longer, but not longer than 1 year.
3. Follow the above steps as above.

## **TB Risk Assessment, this is use for school staff & volunteers.**

1. The purpose of this tool is to identify adults with infectious TB to prevent them from spreading TB.
2. Follow the TB Risk Assessment User Guide that provided by CTCA (California Tuberculosis Controllers Association).
3. The law requires that a health care provider administer this risk assessment.
4. If the assessment demonstrates an individual needs a TB skin test, then follow the above policy.
5. A Certificate of completion should be completed and forward to administration office

## **REFERENCES:**

policy man :tb screen  
revised 09/2019

## Tuberculosis (TB) Risk Assessment

**Please answer the following questions:**

1. Have you ever had a positive reaction to the TB skin test?

*Yes No*

2. Do you have any of the following:

a. Prolonged cough

*Yes No*

b. Coughing up blood

*Yes No*

c. Fever

*Yes No*

d. Night sweats

*Yes No*

e. Unexplained weight loss

*Yes No*

f. Excessive fatigue

*Yes No*

3. Have you ever had close contact to someone with infectious (active) TB disease?

*Yes No*

4. Were you born in a country outside of the United States, Canada, Australia, New Zealand, or a country outside of Western or Northern Europe?

*Yes No*

5. Have you had consecutive travel or residence, greater than one month's time, in any country outside of the United States, Canada, Australia, New Zealand, or a country outside of Western or Northern Europe?

*Yes No*

6. Have you ever volunteered, worked, or lived in a correctional or homeless facility?

*Yes No*



## Certificate of Completion Tuberculosis Risk Assessment and/or Examination

*To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.*

**First and Last Name** of the person assessed and/or examined:

---

**Date** of assessment and/or examination: \_\_\_ mo./\_\_\_ day/\_\_\_ yr.

**Date of Birth:** \_\_\_ mo./\_\_\_ day/\_\_\_ yr.

**The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.**

**X**  
Signature of Health Care Provider completing the risk assessment and/or examination

**Please print, place label or stamp with Health Care Provider Name and Address {include Number, Street, City, State, and Zip Code):**

**Telephone and FAX:**

# California School Employee Tuberculosis (TB)

Health

## Risk Assessment Questionnaire

(for pre-K, K-12 schools and community college employees, volunteers and contractors)

- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555."
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- **Do not repeat testing** unless there are **new risk factors since the last negative test**.
- **Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:**  
For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing.  
A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

Name of Person Assessed for TB Risk Factors: \_\_\_\_\_

Assessment Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### History of Tuberculosis Disease or Infection (Check appropriate box below)

#### **D Yes**

- If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.

#### **D No** (Assess for Risk Factors for Tuberculosis using box below)

### TB testing is recommended if **1** of the 3 boxes below are checked

#### **D One or more sign(s) or symptom(s) of TB disease**

- TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.

#### **D Birth, travel, or residence** in a country with an elevated TB rate for at least 1 month

- Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.
- Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.

#### **D Close contact** to someone with infectious TB disease during lifetime

### Treat for LTBI if TB test result is positive and active TB disease is ruled out

The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. A Certificate of Completion should be completed after screening is completed (page 3).

# School Staff & Volunteers: Tuberculosis Risk Assessment

Job-related requirement for child care, pre-K, K-12, and community colleges

The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading TB. Use of this risk assessment is required in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055 and 121525, 121545, and 121555.

The law requires that a health care provider administer this risk assessment. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. Any person administering this risk assessment is to have training in the purpose and significance of the risk assessment and Certificate of Completion.

Name of Employee/Volunteer Assessed for TB Risk Factors: \_\_\_\_\_

Assessment Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## History of Tuberculosis Infection or Disease (Check appropriate box below)

**D Yes**

If there is a documented history of positive TB test (infection) or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

**D No** (Assess for Risk Factors for Tuberculosis using box below)

## Risk Factors for Tuberculosis (Check appropriate boxes below)

If any of the 5 boxes below are checked, perform a Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). Re-testing with TST or IGRA should only be done in persons who previously tested negative, and have new risk factors since the last assessment. A positive TST or IGRA should be followed by a chest x-ray, and if normal, treatment for TB infection considered. (Centers for Disease Control and Prevention [CDC]). *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers*. 2013)

**D One or more signs and symptoms of TB:** prolonged cough, coughing up blood, fever, night sweats, weight loss, excessive fatigue.

Evaluate for active TB disease with a TST or IGRA, chest x-ray, symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

**D Close contact** to someone with infectious TB disease at any time

**D Foreign-born** person from a country with an elevated TB rate  
Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. IGRA is preferred over TST for foreign-born persons

**D Consecutive travel or residence of** 1 month in a country with an elevated TB rate  
Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.

**D** Volunteered, worked or lived in a correctional or homeless facility





# School Staff & Volunteers: Tuberculosis Risk Assessment User Guide



Job-related requirement for child care, pre-K, K-12, and community colleges

## Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, **AB 1667**, effective on January 1, 2015, **SB 792** on September 1, 2016, and **SB 1038** on January 1, 2017, require a tuberculosis (TB) risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the TB risk assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

### **AB 1667 impacted the following groups on 1/1/2015:**

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position {California Education Code, Section 49406}
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

### **SB 792 impacted the following group on 9/1/2016:**

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

### **SB 1038 impacts the following group on 1/1/2017:**

Persons employed by a community college district in an academic or classified position {California Education Code, Section 87408.6}.

## Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

## Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

## Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

## Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

## Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

## TB infection treatment is recommended

Shorter regimens for treating LTBI have been shown to be as effective as 9 months of isoniazid, and are more likely to be completed. Shorter regimens are preferred in most situations. Drug-drug interactions and contact to drug resistant TB are frequent reasons these regimens cannot be used.

*Please consult with your local public health department on any other recommendations and mandates that should also be considered.*

