

Resident and Employee Safety related to Tuberculosis (TB)

Did you know different facilities are required to follow different regulations in regards to screening their staff for TB? Some facilities can just screen once upon hire, while others are required to screen upon hire and annually thereafter. So, which facility is required to do what?



The answer is it depends on who regulates the facility – state, federal, or both. Long Term Care Facility is an umbrella term for many different kinds of care facilities, but is separate than a hospital. In regards to TB testing, all LTCF are to follow state regulations. Some LTCF also follow federal regulations in addition to state. In the case of TB testing, since state regulations are more stringent than federal, the state regulations are what is required to be followed.

Washington Administrative Code (WAC) for Long Term Care Facilities, Chapter 388-97, outlines specific requirements for Long Term Care facilities related to Infection Control and Tuberculosis. We encourage you to review the sections outlined below. Please note the specific requirements outlined in WAC 388-97-1380; 388-97-1400; 388-97-1440.

- **Facility must** develop/implement policies/procedures that comply with CDC standards, and applicable law, for surveillance, management and early identification of individuals with active TB ([WAC 388-97-1360](#))
- **TB testing for personnel and residents** within three days of employment or admission, and facility personnel are tested annually ([WAC 388-97-1380](#))
- **Approved testing methods** are intradermal (Mantoux) administration with results read within 48 to 72hrs by a trained professional, OR a blood test for TB called interferon-gamma release assay (IGRA), such as QFT or T-Spot ([WAC 388-97-1400](#))
- **Two-Step TB testing is required unless** the person meets the requirement for having no skin testing or only one test. When two-step testing is required and the facility is choosing to do the skin test, the facility must ensure each person has the following two-step skin testing: an initial skin test within three days of employment, and a second test done one to three weeks after the first test ([WAC 388-97-1480](#))
- **One-Step TB testing is required when** the person has a documented history of a negative result from a previous two-step test done no more than one to three weeks apart, or a documented negative result from one skin or blood test in the previous twelve months ([WAC 388-97-1460](#))
- **TB testing is not required when** there is a documented history of a previous positive skin or blood test, or documented evidence of adequate therapy for active disease or completion of treatment for latent tuberculosis infection (LTBI) preventive therapy ([WAC 388-97-1440](#))
- **If a person declines a skin test**, the nursing home must ensure that the person takes a blood test for TB ([WAC 388-97-1540](#))
- **LCTF required reporting for Tuberculosis includes** reporting any person with TB symptoms or a positive chest X-ray to appropriate health care provider, following provider's ordered infection control/safety measures, applying living/work restrictions where residents/personnel are, or may be, infectious and pose a risk to other residents and personnel, and ensure personnel caring for person with suspected TB comply with WISHA standard for respiratory protection found in WAC 296-842 ([WAC 388-97-1560](#))

Federal Guidelines from the Centers for Disease Control and Prevention (CDC) state health care facilities (such as hospitals) have different TB testing requirements. The risk classification of the facility will determine the frequency of testing:

LOW Risk Classification – Baseline testing; then test if TB exposure occurs

MEDIUM Risk Classification – Baseline, then annually

HIGH Risk Classification – Baseline, then every 8-10 weeks until evidence of transmission has ceased



Great resource for Long Term Care Facilities:

<https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HealthcareAssociatedInfections/EQuIP/LongTermCare>

Need updated information regarding nursing home surveys and the revised F-tags? Check out this website. Located here is an F-Tag Crosswalk tool:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>



LTC/Assisted Living Facility Resources: <http://www.co.cowlitz.wa.us/ndex.aspx?nid=2270>

Food Code Revision Process Beginning in 2018

In 2018 the Washington State Department of Health (DOH) is planning on beginning the rule revision process for WAC 246-215 Food Service.

DOH will be working with the state retail food advisory council to review proposed revisions using the [2017 FDA Model Food Code](#) as the basis for the rule revision. The current code is based on the 2009 FDA Model Food Code. Links to the DOH revision webpage will be provided on our [Food Industry Resource](#) page regarding the food code revision process when available.

If you have any questions regarding this please feel free to contact Jesse Smith at 360-414-5599 ext 6442 or by email at smithj@co.cowlitz.wa.us.

For more information about TB, please contact your healthcare provider or Cowlitz County Communicable Disease Team:

(360) 414-5599 x 6431
co.cowlitz.wa.us/index.aspx?nid=2270

To schedule an ICAR assessment please contact Dana Nguyen:

(360) 524-1167
dana.nguyen@clark.wa.gov

Stress Relief From Laughter? It's No Joke!

According to the Mayo Clinic, a good laugh has great short-term effects. When you start to laugh, it doesn't just lighten your load mentally, it actually induces physical changes in your body. Laughter can:

Stimulate many organs. Laughter enhances your intake of oxygen-rich air, stimulates your heart, lungs and muscles, and increases the endorphins that are released by your brain.

Activate and relieve your stress response. A rollicking laugh fires up and then cools down your stress response, and it can increase your heart rate and blood pressure. The result? A good, relaxed feeling.

Soothe tension. Laughter can also stimulate circulation and aid muscle relaxation, both of which can help reduce some of the physical symptoms of stress.



INFECTION CONTROL ASSESSMENT AND RESPONSE PROGRAM (ICAR)

ICAR uses a consultative and collaborative approach to assess the strength of infection prevention in healthcare, so that Public Health can create tools to improve existing capacity.

Public Health + Healthcare = ICAR

Clark County Public Health and the Washington State Department of Health are partnering on an exciting new initiative aimed at assessing infection prevention in Long-Term Care facilities in Clark & Cowlitz County.



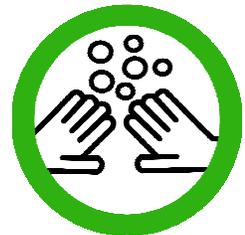
Consults for Long-Term Care

Public health experts will meet with interested long-term care facilities and conduct a comprehensive infection prevention assessment using evidence-based tools from the Centers for Disease Control and Prevention (CDC). Visits are consultative and provided at no cost. Any long-term care facility in Clark & Cowlitz County are invited to participate in this voluntary program.



Going Back to Basics

The long-term care assessment tool will be sent to participating facilities ahead of time. Topics covered during the visit will range from hand hygiene to antimicrobial stewardship. Visits will take approximately 1/2 day and may involve observations of staff performing hand hygiene or isolation



Relationship Building

Public Health will make these visits simple and valuable. Assessing overall infection prevention throughout our Region will no doubt result in a stronger healthcare system.



For questions and to schedule your ICAR assessment, please contact Dana Nguyen RN, BSN at (360) 524-1167 or dana.nguyen@clark.wa.gov