

 **STATE OF NEW YORK**  
**DEPARTMENT OF HEALTH**

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Richard F. Daines, M.D.  
*Commissioner*

Wendy E. Saunders  
*Executive Deputy Commissioner*

November 20, 2008

***DAL: HCBS 08-30***  
***SUBJECT: Tuberculosis Screening***

Dear Administrator:

This letter summarizes the New York State Department of Health's requirements for Tuberculosis (TB) screening of both employees and residents of adult care facilities (ACF) and assisted living residences (ALR). Appropriate screening, treatment and follow-up are critical to prevent transmission. As the administrator, you are responsible for ensuring that all components of the requirements are met.

Currently approved tests for TB screening include the tuberculin skin test (TST) or one of the recently approved whole blood assays. Historically, the TST has been used to screen for tuberculosis infection using the Mantoux method with five tuberculin units of purified protein derivative (PPD). If the TST method is used, the Department *recommends* two-step testing for those employees, volunteers or residents whose initial TST result is negative. The second step should be administered one to three weeks after the first TST was placed. A second TST is not needed if the first test is positive or if the employee, volunteer or resident has had a documented TST during the previous 12 months. The TST readings will be documented in millimeters and include the date(s) the test was administered, the date(s) the test was read and the signature/title of the person(s) administering and/or interpreting the test results.

Although regulations specifically require that a PPD (Mantoux) skin test for tuberculosis be administered, ACFs and ALRs may now use one of the whole assay blood tests for TB screening. If a whole blood assay test is used for screening, there is no need to perform a two-step baseline. A copy of the blood assay laboratory report must be in the employee and/or resident's record.

***TB Screening Procedures for Employees and Volunteers***

1. All employees, including volunteers, will have a TST or whole blood assay for tuberculosis performed: (a) within 30 days prior to the employee's first day of work, (b) prior to assuming resident care duties and (c) no less frequently than every two years after employment begins. Positive findings require appropriate clinical follow-up but no

repeat skin test. ACFs and ALRs are required to develop and implement policies regarding follow-up on positive test results (ACF Regulation 487.9(8)(ii)(a)), (488.9(a)(5)(ii)(a)) and (ALR Regulation 1001.11(q)(iv))

2. The TST is to be administered and read by the employee's physician.
3. Employees may report to work if the initial TST is negative.
4. If the TST is positive, the employee must be referred for a clinical evaluation, including a baseline chest x-ray. The employee will not be approved to work *until after* active pulmonary or laryngeal TB disease has been ruled out. Employees with a positive TST or blood assay must also be evaluated for treatment of latent TB infection.
5. If using the two step TST testing method, the second TST is to be administered one-three weeks after the first TST was placed and read. The second TST is to be administered by the employee's physician *but can be read by a facility nurse (RN) if the facility has an equivalency to read PPD tests*. Employees are not allowed to read or interpret their own TST results. A second TST is not required if the first test is positive or if the employee has a documented TST during the previous 12 months.
6. Employees with a history of previous treatment for latent TB infection or TB disease are not required to undergo a TB test. These employees are to be *screened annually* for symptoms suggestive of TB (including a cough for  $\geq 3$  weeks, loss of appetite, unexplained weight loss, night sweats, bloody sputum (hemoptysis), hoarseness, fever, fatigue or chest pain) *as part of the required annual medical evaluation*. If the employee is determined to be symptomatic, a chest x-ray examination and further clinical evaluation will be performed to rule out active TB.
7. Employees who have negative baseline TB tests are required to undergo TB screening (TST or blood assay) no less frequently than every two years after employment begins.

### **TB Screening Procedures for ACF/ALR Residents**

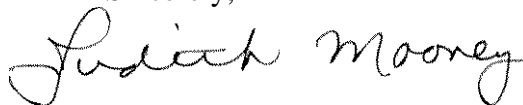
1. An operator shall not accept nor retain any resident *who suffers from a communicable disease* or health condition, which constitutes a danger to other residents and staff (ACF Regulation 487.4(b) (13)) or (488.4(b) (13)). An operator of an ALR shall admit and retain only those individuals who meet the admission and retention standards prescribed in sections 487.4(a)-(e) or 488.4 (a)-(d) of Title 18 NYCRR, depending upon the facility's certification under Title 18 NYCRR. (ALR Regulation 1001.7(a)).
2. The TST is to be administered and read by the resident's physician *within 30 days prior to admission of the resident*. Residents with a history of previous treatment for latent TB infection or TB disease are not required to undergo a TB test, however, a physician must determine that the resident is not infectious *prior to the resident being admitted to the facility*. Documentation of the physician's determination must be in the resident's record.
3. Residents may be admitted to the ACF or ALR if the initial TST is negative.
4. If the TST is positive, the resident must undergo appropriate clinical follow-up by a physician to: (a) rule out active pulmonary or laryngeal TB disease and (b) evaluate the resident for treatment to prevent active disease from occurring. A physician must

determine that the resident is not infectious prior to the resident being admitted to the facility. Documentation of the physician's determination must be in the resident's record. No repeat TST or blood assay is performed.

5. If using the two step TST method, the second TST is to be administered one-three weeks after the first TST was placed and read. The second TST is to be administered by the resident's physician but can be read by a facility nurse (RN) if the facility has an equivalency to read PPD tests. A second TST is not required if the first test is positive or if the resident has a documented TST during the previous 12 months.
6. No resident diagnosed with active TB will be admitted to the facility until after they have started the appropriate course of treatment and are determined by a physician to no longer be infectious. Documentation of the physician's determination will be in the resident's record.
8. After baseline testing has been completed, the New York State Department of Health does not recommend routine, periodic TB screening tests for residents in ACFs or ALRs. However, any resident with symptoms suggestive of active TB disease must be immediately referred for evaluation and treatment.

If you have any questions regarding the above, please contact the Division of Home and Community Based Services at (518) 408-1600 for further clarification.

Sincerely,



Judith R. Mooney

Co-Director

Division of Home and Community Based Services