



IS ANNUAL PPD TESTING A SACRED COW?

Regina Boore, RN, BSN, MS, CASC

There was a resurgence of tuberculosis (TB) in the mid-1980s and early 1990s. Widespread adoption of TB infection control measures issued by the Center for Disease Control (CDC) in 1994 in healthcare settings decreased outbreaks and reduced healthcare-asso-

ciated transmission of TB to patients and healthcare workers (HCWs).

In 2005 the CDC updated its TB Control recommendations to avert another resurgence of the disease and to eliminate the lingering threat to HCWs. The CDC prepared the new guidelines in consultation with experts in TB, infection control,

environmental control, respiratory protection, and occupational health, and it replaced all previous recommendations. "Guidelines for Preventing Transmission of *Mycobacterium Tuberculosis* in Health-Care Settings, 2005" (<http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf>) states that transmission to HCWs

varies by setting, occupational group, prevalence of TB in the community, patient population, and effectiveness of TB infection control measures. The primary threat to HCWs is patients or others unsuspected or undiagnosed with the disease.

The new guidelines recognize an expansion of healthcare delivery settings and changes in practice. The TB infection control program is a component of your comprehensive ASC infection control program. It includes initial and ongoing evaluations for the risk of TB transmission. The TB risk assessment determines the types of administrative, environmental, and respiratory protection controls needed and serves as an ongoing evaluation tool for the effectiveness of your program and needed improvements.

ASCs are considered low risk if fewer than three TB patients were admitted to the facility during the previous year. As a healthcare setting in which patients with suspected or confirmed TB are not expected to be encountered, the ASC TB infection control risk assessment should include:

- Community profile review in collaboration with the local or state health department
- Consultation with the local or state TB control program to obtain surveillance data in order to conduct a TB risk assessment
- Determination of unrecognized TB disease patients encountered during the previous 5 years
- Determination of HCWs to include in the TB screening program
- Determination of the types of administrative and environmental controls in place
- Documented procedures to ensure prompt recognition and evaluation of suspected HCW-associated transmission
- Annual reassessments

Initial and annual risk assessments, a properly implemented hierarchy of controls, and baseline HCW screening is the most effective approach to mitigating the risk of TB transmission in your ASC.

- Recognition and correction of lapses in infection control
- First-level, administrative controls include:
- Assigning responsibility for TB infection control
 - Conducting a TB risk assessment to confirm low risk status
 - Implementing a written TB infection control program
 - Implementing effective work practices for the management of suspected TB disease
 - Training and educating HCWs regarding TB
 - Screening and evaluating HCWs
 - Using appropriate signage advising respiratory hygiene and cough etiquette
 - Coordinating efforts with local or state health department

- Second-level, environmental controls include:
- Control of the source of infection
 - Proper ventilation and air exchanges, per HVAC requirements for an ASC
 - Maintenance of environmental control maintenance procedures and logs

- Third-level, respiratory protection controls include:
- Training patients on respiratory hygiene and cough etiquette
 - Training HCWs in respiratory protection (Respiratory masks are not required for low-risk healthcare settings.)

- Isolation of patients with suspected communicable disease

The CDC document also uses the term “tuberculin skin tests” (TSTs) instead of purified protein derivative (PPD) and recommends baseline screening for all HCWs in the ASC using the two-step TST protocol. Additional screening is not necessary unless an exposure occurs. HCWs with a baseline positive or newly positive test result for *M. tuberculosis* infection or documentation of TB treatment should get a chest x-ray to rule out TB disease (or an interpretable copy within a reasonable time frame, such as 6 months). Repeat x-rays are not needed unless symptoms or signs of TB disease develop or unless recommended by a clinician.

Initial and annual risk assessments, a properly implemented hierarchy of controls, and baseline HCW screening is the most effective approach to mitigating the risk of TB transmission in your ASC. Because these activities are integrated into your comprehensive infection control program, they eliminate the need for annual employee skin testing and tracking. **AE**



Regina Boore, RN, BSN, MS, CASC (regina@PSS4ASC.com), is president of Progressive Surgical Solutions, LLC, an ASC development and consulting firm based in San Diego, Calif.