



Tuberculosis Prevention Requirement for Residential Care Nursing Facilities

IDOH HCQRS: Program Advisory Letter

Number: **LTC-2021-01-SNF/NF**

Effective Date: August 12, 2021

Created: August 11, 2021

Cancels: None

Reviewed: n/a

Revised: n/a

ADVISORY SUMMARY

- **Effective Date: August 12, 2021**
- **This advisory letter sets out the expectations for Indiana licensed residential care facilities for preventing the transmission of *Mycobacterium tuberculosis*.**
- **To become exempt from the rules at 410 Indiana Administrative Code (IAC) 16.2-5.1-12(c)(e)(f)(h)(i) and 16.2-5-8.1(g)(7) a facility must adopt and implement policies and procedures described in the attached, "Tuberculosis Assessment and Testing of Long-term Care Residents."**

Background: The residential care facility rules have long held prescriptive requirements related to testing and screening for tuberculosis. These prescriptive rules have not remained current as guidance has changed over time related to the prevention of tuberculosis.

Analysis: The guidance for the prevention and transmission of tuberculosis has evolved to the extent that the prescriptive guidance is out of sync with current guidance. Additionally, the prescriptive nature of the rules does not provide facilities with the latitude to adjust infection control practices to meet the situational status of the facility. It is the intent of this advisory letter to remove regulatory barriers and provide facilities the ability to adjust infection control procedures and processes to meet the level of intervention needed based on the facility's risk.

The revised applicable rules currently in place are:

410 IAC 16.2-5-12 Infection control

(c) Each resident shall have a diagnostic chest X-ray completed no more than six (6) months prior to admission.

(d) Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of tuberculosis in an infectious stage as verified upon admission and yearly thereafter.

(e) In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at forty-eight (48) to seventy-two (72) hours. The result shall be recorded in millimeters of induration with the date given, date read, and by whom administered and read.

(f) For residents who have not had a documented negative tuberculin skin test result during the preceding twelve (12) months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with tuberculosis.

(g) All residents who have a positive reaction to the tuberculin skin test shall be required to have a chest x-ray and other physical and laboratory examinations in order to complete a diagnosis.

(h) All skin testing for tuberculosis shall be done using the Mantoux method (5TU, PPD) administered by persons having documentation of training from a department-approved course of instruction in intradermal tuberculin skin testing, reading, and recording.

(i) Persons with a documented history of a positive tuberculin skin test, adequate treatment for disease, or preventive therapy for infection shall be exempt from further skin testing. In lieu of a tuberculin skin test, these persons should have an annual risk assessment for the development of symptoms suggestive of tuberculosis, including, but not limited to, cough, fever, night sweats, and weight loss. If symptoms are present, the individual shall be evaluated immediately with a chest X-ray.

410 IAC 16.2-5-8.1 Clinical records

(g) A transfer form shall include the following:

(7) Date of chest X-ray and skin test for tuberculosis.

Policy: Advisory Letter LTC-2019-01-RES, dated January 1, 2020, exempted facilities from current regulatory requirements of 410 IAC 16.2-5-1.4(f)(1)(2)(3)(4) regarding assessment and testing for *health care personnel*. To allow facilities to maintain control and prevention of tuberculosis in the least restrictive and most cost-effective manner, the IDOH is issuing a blanket waiver exempting facilities from current regulatory requirements and instituting an alternative method to achieve the intended outcomes of 410 IAC 16.2-5.1-12(c)(e)(f)(h)(i) and 410 IAC 16.2-5-8.1(g)(7) for assessment and testing of *residents* in long term care facilities. To be exempt from 410 IAC 16.2-5.1-12(c)(e)(f)(h)(i) and 410 IAC 16.2-5-8.1(g)(7), the facility must formally adopt and implement policies and procedures described in the attached, "Tuberculosis Assessment and Testing of Long-Term Care Residents." Of most significance is the removal of a requirement of all new residents to have a chest X-ray at admission and an option to test residents by tuberculin skin test method or an Interferon Gamma Release Assay blood test. Should a facility fail to meet the exemption requirements, a deficient practice citation will be written.



Attachment:

Tuberculosis Assessment and Testing of Long-term Care Residents

Questions about this program advisory letter may be addressed to: LTC Deputy Director Tammy Alley at 317-233-7441 or talley@isdh.in.gov, or Division Director Brenda Buroker at 317-234-7340 or bburoker@isdh.in.gov.

Approved by:

Amy Kent, Assistant Commissioner
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