

## **TB screening/testing TA for ALFs and ADCCs**

The following is intended to provide clarification to licensees related to compliance with ~~22 VAC 40-71-110.C and 22 VAC 40-71-150.L.8~~ (after 12/28/06) 22 VAC 40-72-290.D and 22VAC 40-72-350.A.8 and C. in the *Standards and Regulations for Licensed Assisted Living Facilities* and 22 VAC 40-60-600.B.6 and 22 VAC 40-60-235.C in the *Standards and Regulations for Licensed Adult Day Care Centers*.

### **The Change**

The only substantive change in the interpretation of the standards is that the fourth testing option under “as deemed necessary” is “no testing” and that determination would be clearly documented on whatever TB screening/evaluation reporting form is used by the physician or designated screener.

### **Rationale for the Change**

While the tuberculin skin test is the only tool currently available for detecting tuberculosis infection, it has been shown to have poor predictive value in low risk populations. Because of high rates of false positive TB skin test results, the Division of TB Control at the Virginia Department of Health (VDH) discourages administration of the Mantoux tuberculin skin test to persons who are at low risk.

Basic guidelines for determining risk indicate that employees, residents and/or clients in long term care, residential and congregate care settings where services are provided to elderly and disabled individuals with multiple medical conditions are at higher risk of TB infection or progression to TB disease. However, statistics have proven that even these individuals may be at low risk depending upon the risk profile for the geographic area.

### **Testing Policies**

Ideally, testing policies for each facility need to be determined in conjunction with the local health department based on the risk profile for the facility and the service area. Skin testing may still be appropriate for some facilities/centers while at others a TB risk assessment may be done to determine whether laboratory testing is deemed necessary.

### **Who May Screen for Risk or Administer PPDs**

1. Local Health Department Official
2. Licensed Physician or his designee (nurse practitioner, physician’s assistant, registered nurse or licensed practical nurse directly supervised by a registered nurse or the physician.)

3. In assisted living facilities or adult day care centers, a registered nurse or licensed practical nurse directly supervised by a registered nurse or a physician when the following criteria are met:

- Facilities/centers must have written protocols specific to the screening, testing and follow-up processes.
- There must be a physician, on staff or under contract, to:
  - Sign the order, as required at §54.1-3408.F of the *Code of Virginia*, for an RN, or LPN under the direct supervision of an RN, to possess and administer the tuberculin purified protein derivative (PPD);
  - Assist with the development and approval of facility/center protocols; and
  - Accept the responsibility for ensuring that the nurse(s) implementing the protocols has/have received adequate training in the practice and principles underlying tuberculosis risk assessments and tuberculin screening.

**NOTE:** These are not new requirements. Licensing staff have become increasingly aware of existing confusion regarding the laws and regulations that impact licensing standards.

Based on the Virginia Board of Nursing's expectations for the practice of practical nursing, LPNs in ALFs and ADCCs may not screen for risk or administer PPDs unless directly supervised by an RN or physician. "Direct supervision" in this setting means that the registered nurse, physician, nurse practitioner or physician assistant is available on-site at the time that tasks are being performed.

### **Forms to Use**

Facilities/centers will be in compliance if the employee/client file contains documentation consistent with the following current VDH-approved documents:

- Report of TB Screening – Clearance Letter for Negative Screen
- Report of TB Screening – Report of TST/X-ray Results

[VDSS versions of these forms are included in this mailing. They may be copied for use by physicians or designated screeners.]

### **Who May Sign the Forms**

- Health Department Official
- Physician
- Physician's Designee
  - Form must identify the physician practice with which the Nurse Practitioner, Physician Assistant, Registered Nurse or other physician-designated screener is affiliated.

## **Training**

Some local departments of health are willing and able to provide training. We have been advised that ~~David Dibiasi~~ at the American Lung Association of Virginia (804-267-1900) conducts training sessions on risk screening and tuberculin skin testing and may be a resource for some providers.

## **Intra-Agency Protocols for Screening/Testing**

Some facilities/centers may wish to develop agreements with other ALFs/ADCCs for screening/testing in order to ensure timely evaluations and re-evaluations and avoid additional costs to employees/clients.