



## Clarifications Surrounding Tuberculosis Screening

The purpose of this publication is to clarify the tuberculosis (TB) screening and testing requirements for employees and residents of assisted living facilities. It will address the most common questions asked of the Bureau of Assisted Living. Responses incorporate the current Wisconsin Division of Public Health (DPH) interpretations of the Centers for Disease Control and Prevention (CDC) guidelines. The DPH interpretations are based on communications with the CDC regarding the low incidence of active TB disease in Wisconsin.

### ***What is the difference between “screening” and “testing?”***

The purpose of screening is to identify persons who have TB disease or latent TB infection. TB risk-based screenings provide an initial and ongoing evaluation of the risk for transmission of *M. tuberculosis* in a particular person. TB risk-based screening will determine the need for further evaluation that might comprise of a tuberculin skin test (TST), blood assay, chest x-ray, and/or medical evaluation.

### ***How do we screen someone?***

A screening tool is useful in determining risk. A sample questionnaire is attached, along with an interpretation of answers. This sample was developed by DPH and may be useful to facilities for developing their own screening tools.

### ***Do residential care apartment complexes (RCACs) need to test employees for TB?***

DHS 89 does not specify screening. However, as a standard of practice, the health of employees should not be detrimental to the health or safety of tenants. RCACs should develop their own policies and procedures.

### ***The community-based residential facility (CBRF) regulation calls for screening according to CDC standards. Do all new CBRF employees need a two-step TB test?***

The existing 2005 CDC guidelines say that all health care workers, regardless of the risk classification of the setting, should receive baseline TB screening upon hire, using two-step TST or a single blood test. Consider accepting documentation of previous testing for individuals who come into and from a low-risk health care setting. There is no cutoff date to that initial baseline test unless there are risk factors, but documentation of the test is required.

For example, a newly hired caregiver received a TST when starting work at his previous place of employment in 2011. He submits documentation from that employer, stating the test they administered was nonreactive. A TB risk-based screening should be completed, and if he had no risk factors, he does not need another TST. If the screening form identifies risk factors since his test, he may need further evaluation that might comprise of a TST, blood assay, chest x-ray, and/or medical exam.

### ***Do employees need annual TB tests?***

DPH recommends moving from the traditional yearly TB testing for all health care workers to a protocol for testing based upon the risk of encountering TB infection or TB disease. It is suggested that facilities

conduct a yearly TB risk-based screening and symptom screen of employees, update employees on signs and symptoms of active TB, and inform them of what to do if they have those symptoms.

***Can a new employee start working if his/her first of the two-step TST is positive?***

Yes, unless the person has symptoms. If symptoms are present, the person should not start work until a medical evaluation and chest x-ray are completed and active TB is ruled out.

***What if the person had a chest x-ray in the past year but has never had a TB test?***

Unless the chest x-ray was specifically to determine the presence of TB, there may have been other conditions present to differentiate TB infection. That individual should have a TST or blood test.

***Does a person need any other testing if he/she has a history of a positive TB test?***

Persons with positive TST or positive blood test results should receive one baseline chest x-ray to exclude a diagnosis of TB disease. Further chest x-rays are not needed unless the patient has symptoms or signs of TB disease or unless ordered by a physician for a specific diagnostic examination. A repeat TST is not indicated. The person should receive a medical evaluation and a symptom screen.

***Does the same recommendation apply to residents?***

Yes, the regulations require screening, so the same practice is applicable.

## **Additional Information**

For additional information, contact a TB nurse consultant at the Wisconsin Division of Public Health, Bureau of Communicable Diseases.

Contact information, as well as additional information about TB, can be found at the following website:  
<https://www.dhs.wisconsin.gov/tb/index.htm>.

## **Applicable Regulations**

### **Adult Day Care Certification Standards**

- I.B.(4)(a) Participant Enrollment Procedures Health Statement
- II.A.(4) Staff Reports – Health Examination

### **Adult Family Homes**

- DHS 88.04(2)(g)1 Licensee and Service Provider
- DHS 88.06(2)(a) Placement Admission

### **Community-Based Residential Facilities**

- DHS 83.17(2)(a),(b) and (c) Employee Health Communicable Disease Control
- DHS 83.28(4)(a) 1-3 Resident Health Screening
- DHS 83.28(4)(b)1-4 Respite Care Health Screening