DESCRIPTION/OVERVIEW
All employees who are at risk for occupational exposure to Tuberculosis (TB) will be screened in a standardized manner. A Tuberculosis screening and transmission prevention program for healthcare workers has been established for all employees who are at risk for an occupational exposure to Tuberculosis.

REFERENCES
CDC “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005”, December 30, 2005 / 54(RR17);1-141
Requirements for General and Special Hospitals. 7NMAC 7.2; Section 21 Employee Health, pg 10.
CDC Powerpoint Slide Set presentation:

AREAS OF RESPONSIBILITY
UNMH Epidemiology department performs exposure assessments and identifies affected employees. All testing, recording and follow-up will be done under the direction of Occupational Health Services (OHS). Employees who place and read the tests will receive appropriate education and training.

PROCEDURE
1. General Information:
   1.1. All new hires that have Tuberculosis testing listed in their job description will be screened for TB at the time of the pre-placement health screen and annually thereafter.
   1.2. Testing is mandatory unless there are medical contraindications to testing.
   1.3. Pregnancy and breast-feeding are not considered contraindications to Tuberculin skin Testing (TST). Refer to 2.5 for TST alternative.
   1.4. Clearance for employment will not be given in the event of refusal to follow TB procedures.
   1.5. Participation in periodic screening shall be completed by all employees as designated by the TB Exposure Control Plan.
   1.6. Appropriate training for those who place and who read the TST will be completed initially and annually.
   1.7. Appropriate evaluation following an occupational exposure to TB will be provided.

2. **All new employees will undergo assessment for TST at the new hire health screen.**
   2.1. If the new hire has not had any TST done in the past 12 months, then the TST two step method will be completed.
   2.1.1. If the result of the initial TST is <10 mm (negative), then a second test is completed **1-3 weeks** after the placement of the first test.
2.2. If the new hire is to start work prior to the reading of the second TST then they will complete the symptom survey questionnaire to rule out symptoms consistent with active tuberculosis.

2.3. If the new hire has documentation of TST completed in the past 90 days as well as documentation of having had prior testing in the preceding year, then no TST is required upon hire.

2.4. If the new hire has documentation of testing completed in the past 90 days, but has no history of having had prior TST testing in the preceding year, then a single TST is required.

2.5. The QuantiFERON-TB Gold (QFT) blood test may be used in all circumstances in which the TST is currently used. A QFT blood test may not be performed until 6 weeks after a TST.

2.6. New employees with a previously positive TST:
   
   2.6.1. OHS will provide for obtaining a chest x-ray (PA/Lateral) to rule out active disease.
   
   2.6.2. No chest x-ray will be obtained if there is documentation of a negative chest x-ray since TST conversion and there are no suggestive pulmonary symptoms.
   
   2.6.3. Employee will complete the questions on the “Tuberculin Skin Testing Form”.
   
   2.6.4. If chest x-ray and questionnaire are negative, the new employee will be cleared for work.
   
   2.6.5. If chest x-ray indicates signs of active Tuberculosis, or is otherwise abnormal, the employee will not be cleared for work until the OHS Medical Director or designee determines clearance for work.

2.7. Bacille Calmette-Guerin (BCG)
   
   2.7.1. Those with a history of having received BCG vaccination are to complete TST and results will be interpreted by using the same diagnostic cut points used for Health Care Workers (HCW’s) without a history of BCG vaccination.

2.8. A New Mexico Public Health referral will be initiated for new employees with prior or new positive (+) TST who have not previously been treated.

   2.8.1. New Mexico Public Health (PHD) referrals require the following from OHS:
       
       2.8.1.1. New Mexico Public Health Department (NM PHD) Tuberculosis Exposure History Form, evaluate the employee for TB, initiate treatment and follow-up as indicated.

3. Current Employee Monitoring will be completed as determined by the TB Exposure Control Plan.

   3.1. Department based testing will be completed under the direction of OHS.
   
   3.2. Designated Unit personnel will complete administration of the TST after completing appropriate education and training.
   
   3.2.1. Refer to TST Coordinator Verification Form
   
   3.3. Any TST placed in the employee’s unit that results in any visible or palpable reaction at the site will be referred to OHS for reading of the TST.
   
   3.4. UNMH OHS will maintain a database of tuberculin testing results of healthcare workers.
   
   3.5. Unit based educators and TST Coordinators will send the employee’s test result to OHS for entry into the OHS Medical Record.
   
   3.6. Employees with previously positive TST will complete the questions on the TST Testing Form on the same schedule as their unit tuberculin testing.

4. Current Employee TST Conversions

   4.1. A “New TST Converter” questionnaire will be completed by the employee to determine if exposure occurred outside of work or at work.
   
   4.2. UNMH OHS will notify the UNMH Epidemiology Department to initiate an exposure investigation.
   
   4.3. UNMH Epidemiology Department will notify OHS of the results of their investigation.
   
   4.4. TST conversions will be reported in compliance with the OSHA reporting requirements.
   
   4.5. The employee will be educated regarding the TST reaction and tuberculosis.
   
   4.6. If the employee has no suggestive symptoms of active disease, the employee will return to work.
4.7. The employee will obtain a PA/Lateral chest x-ray.
   
   4.7.1. If the chest x-ray indicates signs of active Tuberculosis or is otherwise abnormal then the OHS Medical Director or designee will determine clearance for return to work.
   
   4.7.2. A referral to New Mexico Public Health Department will be required for follow-up as per 2.8.

4.8. The employee will then complete the “History of Positive TST” questionnaire on the same schedule as their unit TST testing.

5. **UNMH TB Exposures prior to appropriate precautions.**

5.1. A list of hospital employees who had significant contact with the TB patient will be compiled on the “TB Exposure Worksheet” by the UNMH Epidemiology Department and the department manager. The list should include all employees who did not wear a mask and who have had direct patient contact. The department manager will make the decision as to whether the TST (both baseline and follow-up) will be done on the unit or in OHS.

5.2. Epidemiology will contact the staff listed on the form to determine which employees were exposed.
   
   5.2.1. When talking with each employee who was exposed, Epidemiology will inform them when their baseline and follow up testing is due.

5.3. After Epidemiology completes the “TB Exposure Worksheet”, it will be recorded on the shared drive under “TB Exposures” and OHS will be notified.

5.4. OHS will complete a review of exposed employees and will notify the Unit Director which employees were exposed and the exposure baseline and follow up testing dates. As soon as possible, a baseline TST will be performed up to 10 weeks post exposure unless one of the following conditions apply:
   
   5.4.1. The employee has a history of Positive TST.
   
   5.4.2. The employee has had a TST in the preceding 8 weeks.

5.5. If the initial TST baseline is positive, further evaluation will be completed according to **Section 3: Current Employee TST Conversions**.

5.6. In 8-10 weeks post-exposure, a second TST will be placed. UNMH OHS will notify the employee or employee’s manager when it is due. It is the responsibility of the employee’s manager to inform the employees.

5.7. Those employees with a previous history of positive TST will complete a History of Positive TST questionnaire to evaluate for the presence of pulmonary symptoms.

5.8. A 0mm (negative) TST requires no further action.

5.9. Positive TST findings require follow-up as per **Section 3: Current Employee TST Conversion**.

5.10. OSHA/CDC TB Control Guidelines will dictate further follow-up.

5.11. The list of exposed employees and follow-up results will be documented on the TB Exposure Worksheet form.

5.12. One copy will be maintained in UNMH OHS.

5.13. One copy will be submitted to the UNMH Epidemiology Department for reporting to the New Mexico Public Health Department.

5.14. TST results will be entered in the individual employee’s medical record.

6. **Administration of TST**

6.1. Used in the aid of detection of infection with Mycobacterium tuberculosis.

6.2. Contraindications:
   
   6.2.1. The only absolute contraindication to tuberculin testing is a history of **SEVERE** or **Systemic** reaction to prior tuberculin testing.

6.3. The tuberculin test can be given concurrently with vaccines. If an individual has received a live virus vaccine, a waiting time of four to six weeks is required prior to placement of the PPD test.
6.4. This test is performed by intradermal injection of 0.1 ml (5 TU) into the dorsal surface of the arm with a 1/2 or 5/8 inch, 25 or 27 gauge needle fitted with a 1 ml syringe calibrated in tenths.  
6.4.1. Do not administer over blood vessels.  
6.4.2. If alcohol is used to cleanse the site, let it dry thoroughly before injection.  
6.4.3. The syringe angle should be nearly parallel with the skin surface.  
6.4.4. Inject the antigen slowly.  
6.4.5. A definite weal (bleb) about six to 10 mm in diameter will rise at the site of the injection.  
6.4.6. Instruct patient to avoid unnecessary rubbing of test site.  
6.4.7. DO NOT put a Band-Aid on site.  
6.4.8. If the tuberculin solution is delivered subcutaneously or if a significant part of the dose leaks from the injection site, the test should be repeated at another site, at least two inches from the previous site.  
6.5. The test is interpreted 48 to 72 hours after administration.  
6.6. The reading or interpretation of the Mantoux Tuberculin PPD test must be measured in millimeters.  
6.6.1. Any palpable induration (hardness or edema) measuring 10 mm or over is considered a POSITIVE reaction in a healthy person.  
6.6.2. Erythema without induration is NOT significant.  
6.6.3. Erythema greater than 10 mm without induration may indicate injection given too deeply and retesting is indicated.  
6.6.4. A result of 5 mm of induration or greater is significant if the person being tested is infected with HIV; is in contact with a person with active communicable TB disease; has signs or symptoms suggestive of active TB or has an abnormal chest x-ray (which demonstrates evidence of current or past active TB).  
6.7. The two step testing method will be recommended for a result with any induration that is less then the 10 mm required to be considered a positive reaction.  
7. Respiratory Protection  
7.1. Employees assigned to areas where respiratory protection is required due to TB patients will be required to wear a N-95 TB mask.  
7.2. Guidelines as per the Respiratory Protection Plan.  
8. Tuberculin Skin Testing (TST) Training and Quality Assurance  
8.1. Initial training and annual refresher training on how to place and read TST will be completed for all who are doing such activities, with the training based upon CDC materials.  
8.2. Medical Assistants and Nurses may both perform TST’s. The decision on which groups or individuals will perform TSTs will be left to the discretion of the Unit Director.  
8.3. The procedures as outlined by the CDC on the Montoux Tuberculin Skin Test training (www.cdc.gov/tb).  
8.4. When placing TST, self monitoring of quality should be completed.  
8.5. Each wheal produced in placement of the TST that may not be greater than 5 mm should be measured with a new test placed a minimum of 2 inches away.  
8.6. Randomly once a day, measure a TST for size.  
8.7. Education consists of an online competency and testing and an initial skill demonstration component  
8.7.1. Online competency and test  
8.7.1.1. CDC Mantoux Tuberculin Skin Testing video and/or transcript  
8.7.1.2. UNMH-specific TST information  
8.7.1.3. TST test (online)  
8.7.2. Skill Component  
8.7.2.1. Documented in the Competency Based Orientation booklet
8.7.2.2. Each unit will identify a TST Coordinator who has demonstrated competence
8.7.2.3. The TST Coordinator will confirm the competence of other unit staff designated to perform TST’s.

8.7.3. Clinical Education will review the intradermal injection skill in annual competencies for Medical Assistants and Nurses.

8.8. TST Coordinators
8.8.1. Must complete section 8.7.1 and 8.7.2
8.8.2. Must complete Tuberculin Skin Testing Coordinator Verification Form
8.8.3. The form will be kept in the employee’s unit file
8.8.4. The Unit Director or designee will email the OHS Unit Director with the name(s) of the staff who have been verified.

9. Key Documentation
9.1. New Positive TST Converter Evaluation
9.2. Testing Skin Form unit/individual with History of Positive TST Questionnaire (#P200436)
9.3. TST Coordinator Verification Form
9.4. TB Exposure Notification Information Form
9.5. TB Exposure Worksheet Contact Information Form (on-line Exposure shared drive- OHS/Infection Control)

DEFINITIONS
Active TB disease – an illness in which TB bacteria are multiplying and attacking different parts of the body. The symptoms of active TB disease include weakness, weight loss, fever, no appetite, chills, and sweating at night. Other symptoms of active TB disease depend on where in the body the bacteria are growing. If active TB disease is in the lungs (pulmonary TB), the symptoms may include a bad cough, pain in the chest, and coughing up blood. A person with active TB disease may be infectious and spread TB to others.

Latent TB infection – a condition in which TB bacteria are alive but inactive in the body. People with latent TB infection have no symptoms, don’t feel sick, can’t spread TB to others, and usually have a positive skin test reaction. But they may develop active TB disease if they do not receive treatment for latent TB infection.

BCG – a vaccine for TB name after the French

Mantoux tuberculin skin test - The standard method of determining whether a person is infected with mycobacterium tuberculosis

TST - Tuberculin Skin Test to detect latent TB infection. A liquid called tuberculin is injected under the skin on the lower part of your arm.

Two-Step Testing - This is useful for the initial skin testing of adults who are going to be retested periodically, such as health care workers. This approach can reduce the likelihood that a boosted reaction to a subsequent TST will be misinterpreted as a recent infection.

QuantiFERON-TB Gold (QFT) - An alternative, FDA approved blood test for the detection of tuberculosis (TB) infection. The test is approved as an aid for diagnosing both active TB disease and latent TB infection (LTBI); however, it does not differentiate the two.

SUMMARY OF CHANGES
Updated version to include changes in use of QuantiFERON-TB Gold use and new training protocols, done in conjunction with Clinical Education.
## RESOURCES/TRAINING

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## DOCUMENT APPROVAL & TRACKING

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<tr>
<td>Consultant(s)</td>
<td>Jason Tate, RN MPH, Unit Director, Occupational Health Services, Joan Deis, Director of Clinical Education, Cynthia Duchesne, RN, MS, RNC, Charge Nurse, Occupational Health Services</td>
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<td>Ambulatory Policy and Procedure Committee, Clinical Operations PP&amp;G Committee, Nursing PP&amp;G Subcommittee</td>
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<tr>
<td>Nursing Officer</td>
<td>Sheena Ferguson, Chief Nursing Officer</td>
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<tr>
<td>Medical Director/Officer</td>
<td>Denece Kesler, MD</td>
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<tr>
<td>Official Approver</td>
<td>Jamie Silva-Steele, Administrator, Ambulatory Services</td>
<td></td>
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<tr>
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## ATTACHMENTS

A. New Positive TST Converter Evaluation  
B. Tuberculin Skin Testing (TST) Form  
C. TST Results  
D. TST Coordinator Verification Form  
E. Competency Validation  
F. TB Exposure Worksheet
Occupational Health Services
New Positive TST Converter Evaluation

Employee Name: ________________________ Date Mantoux was given: _____________
Date of Birth: ________________________ Results of Mantoux (mm): _____________
MRN: ________________________ Date of Previous Mantoux: _____________
Age / Sex: ________________________ Date of Previous Maxtoux (MM) _____________
Department: ________________________ Date of Previous BCG (if applicable): _____________
Occupation: ________________________

Questions to Employee:

1. Do you know someone or did you provide care to someone with tuberculosis? □ Yes □ No □ Unsure
   If Yes, what do you know about them?
   • Positive PPD/ Mantoux □ Yes □ No □ Unsure
   • Active TB disease? □ Yes □ No □ Unsure
   • History of tuberculosis? □ Yes □ No □ Unsure
   • If a patient contact, was the patient in respiratory isolation? □ Yes □ No □ Unsure

2. Has anyone else in your family been tested and converted? □ Yes □ No □ Unsure
   If Yes, please provide the following information:
   Name:_____________________________ Relationship to employee:_____________________

3. Have you ever experienced any of the following symptoms:
   • Persistent cough (for more than 2 weeks duration) □ Yes □ No
   • Bloody sputum □ Yes □ No
   • Night sweats (unexplained) □ Yes □ No
   • Weight loss (unexplained) □ Yes □ No
   • Anorexia □ Yes □ No
   • Fever (unexplained) □ Yes □ No
   If yes to any of the above, please describe: ___________________________________________
   When did this occur? __________________________________________________________________
   How long did symptoms last? ___________________________________________________________
   Were you treated? □ Yes □ No
   Describe: __________________________________________________________________________

4. Have you traveled outside the country since your last PPD? □ Yes □ No

CONCLUSION       CXR Date and Results: ____________________ Referred to Public Health? □ Yes □ No
The following instructions were given to the employee:
□ No new PPD tests are to be given
□ No further Chest X-rays are required unless symptoms develop
□ Complete TB Skin Testing Form annually (symptom survey)
□ Signs and symptoms of TB discussed
**Tuberculin Skin Testing (TST) Form**

| ☐ Annual/Surveillance | UNIT/DEPT: ________________ |
| ☐ New or Re-Hire | Unit Director Signature for Leave: ________________ |
| ☐ Post Exposure: Baseline/Follow up | |
| ☐ 2-Step | |
| ☐ FMLA, Military Leave | |
| ☐ Other: | |

**COMPLETE THIS PART FOR POSITIVE HISTORY OF TB TESTING** (must be completed annually)

Have you ever had a positive TB test?  
- ☐ Yes  
- ☐ No  

If “Yes”, answer the following symptom survey:  
In the past year have you had any of the following:

- ☐ Do you have a chest X-ray on file with Occupational Health Services?  
- ☐ Persistent Cough (for more than 2 weeks)  
- ☐ Bloody Sputum  
- ☐ Night Sweats (unexplained)  
- ☐ Weight Loss (unexplained)  
- ☐ Anorexia  
- ☐ Fever (unexplained)

If yes to any of the above, please describe:

- ☐ Yes  
- ☐ No  
- ☐ Yes  
- ☐ No  
- ☐ Yes  
- ☐ No  
- ☐ Yes  
- ☐ No

If any of these pulmonary symptoms occur in the future, please contact Occupational Health Services as soon as possible.

**Date symptom survey filled out:**

**NURSING NOTES:**

- ☐ 2 View CXR on file
- ☐ QuantiFERON TB Gold lab completed and is: ☐ Positive / ☐ Negative  
  If positive, date sent for 2-view CXR: ___________ and is ☐ Positive / ☐ Negative
- ☐ Test Repeated due to: ___________

**TB Skin Test: Give PPD, 0.1 ml (5 TU) intradermal**

- Vaccine Lot #: ___________ Exp Date: ___________ Manufacturer: ___________
- Administered in ☐ L ☐ R forearm with _____ gauge needle @ _____ am / pm.
- Wheal Size: ☐ 6mm-10mm ☐ Other:

<table>
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<th>Date</th>
<th>Nurse/Provider’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

- ☐ Referred employee to Occupational Health Services  
  TST to be read: ☐ UNMH ED ☐ Other

**RESULTS**

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<th>48 Hours: mm</th>
<th>72 Hours: mm</th>
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**Special Instructions for Unit Testing:**

- Processed: TB screening and Exposure Follow-Up  
- Effective Date: 11/23/2011  
- Date of Issue: 11/23/2011  
- Doc. #: 2768

- Colored original to OHS (please ensure legibility) and give 2nd page to employee
- Review HR Datashare Report for compliance

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Page 8 of 12
Tuberculin Skin Test completed:  Submit this signed form to Unit Director

EMPLOYEE NAME
DATE: _______________________
TST COORDINATOR 
SIGNATURE: _________________
TUBERCULIN SKIN TEST (TST) COORDINATOR VERIFICATION FORM

REQUIRED ONLY FOR STAFF PERFORMING TST’S ON OTHER STAFF

1. HOW DO I BECOME A TST COORDINATOR?
   - Complete online competency
     → Watch CDC video
     → Read select CDC Tuberculosis material
     → Read University Hospital’s Tuberculosis Monitoring and Exposure Follow-Up procedure
     → Pass the post-test
   - Complete skill by successfully administering at least (2) TST’s as observed and documented by a preceptor
     → TST Competency Validation form in CBO or printed from online competency
     → All 18 criteria on the form must be observed
   - Submit TST Verification form to your Unit Director or designee.

2. HOW OFTEN DO I COMPLETE THE TST COORDINATOR TRAINING?
   - Online competency and test are completed annually.
   - Observed TST’s are not required after the 1st year unless a refresher is needed.

3. WHERE DO I SUBMIT MY POST TEST?
   - INPATIENT: your UBE
   - AMBULATORY: your Ambulatory Educator

4. HOW ARE CAP POINTS AWARDED?
   - These are warded upon successful completion of the post test.
   - Your UBE or Ambulatory Educator will coordinate the entry for completion of testing in Learning Central.
   - Point Allocation for CAP eligible staff who administer and read PPD tests:
     → 2 points: 0 to 19 staff
     → 4 points: 20 to 39 staff
     → 6 points: 40 to 59 staff
     → 8 points: 60 to 79 staff
     → 10 points: 100+ staff

Name: ________________________________________________

Unit(s) you will be responsible for: ________________________________________

_________________________  ______________________
Signature Unit Director Date
### TST Competency Validation

**Skill: Placement of the Tuberculin Skin Test**

<table>
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<tr>
<th>Name:</th>
<th>Preceptor:</th>
<th>Date:</th>
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**Competency Statement:** Must successfully complete at least 2 tuberculin skin tests using correct technique.

- Not Competent:
  1. Is unable to state reason for task and needs instructions to perform task.
  2. Understands reason for task but needs instructions to perform task.

- Competent:
  3. Understands reason for task and is able to perform task but needs to increase speed.
  4. Understands reason for task and is able to perform task proficiently.

**Performance Criteria: The participant demonstrates the ability to:**

1. Perform hand hygiene.
2. Screen patient (confirm identity, obtain consent, ask about previous adverse reaction and confirm ability of patient to return within 48 – 72 hours).
3. Collect supplies (1 ml TB syringe, with pre-attached 25 or 27g needle, gauze pads, gloves, TB form, metric ruler).
4. Obtain PPD vial from refrigerator. Check label and expiration date. If multidose and new, mark opening date on vial. If vial has been opened for more than 30 days, discard and open new vial.
5. Clean vial stopper with antiseptic swab.
6. Draw slightly more than 0.1 ml of PPD into syringe. While leaving needle in the vial, remove any excess volume or air bubbles so that syringe contains exactly 0.1 ml of solution.
7. Withdraw needle from vial and return vial immediately to refrigerator.
8. Select injection site (volar surface of forearm 2 inches from elbow) free of veins, lesions, heavy hair, bruises, scars or muscle ridges. Rest arm on firm, well-lit surface.
9. Don gloves.
10. Cleanse site with antiseptic swab using circular motion from center to outside. Allow site to air dry before injection.
11. Stretch skin slightly and align needle at 5 – 15 degree angle into skin with bevel-side up. Insert needle-tip into epidermis keeping outline of needle’s tip visible through the skin.
12. Inject entire dose slowly to produce wheal at least 6 mm wide.
13. Remove needle from arm without applying any pressure to site.
15. Measure wheal to confirm a diameter of 6 – 10 mm. If too small, redo placement at least 2' from first site or on other arm. If blood oozes from site, blot site lightly with gauze. Do not apply bandage.
16. Remove gloves and wash hands.
17. Document date, time, manufacturer’s name, lot number and exp. date of PPD antigen, location of site, and name of person who performed the injection.
18. Provide patient education: wheal may linger for 10 minutes; irritation may occur and is normal; do not scratch, apply pressure or bandage site; avoid creams/lotions. Pt. may apply water/soap to site after hour, but should avoid scrubbing or wiping. Stress importance of keeping apt. for reading.

**Total (each attempt must score 60 or better)**

1. Must successfully complete at least 2 tuberculin skin tests.
2. Provide original of this competency form to TST Coordinator or Unit Based Educator.
## TUBERCULOSIS Exposure Worksheet

### Infection Preventionist
- **Gayle Benintendi**: Phone 925-6141, Pager 951-9999
- **Sheryl Gordon**: Phone 272-3963, Pager 951-3999
- **Camille Shingarju**: Phone 272-9721, Pager 951-9997

### OHS Contact Info
- **OHS Clinics**: Phone 272-2517
- **Cindy Duchesne**: Phone 272-2546
- **Jason Tate**: Phone 272-0004
- **Hope Rodgers**: Phone 272-6625

### Index Patient:
- **MRN:**
- **IP contact:**
- **Date OHS notified:**

### Clinical Summary of Exposure:

#### Date(s) of exposure:

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<th>Point of Contact</th>
<th>TST completion on Unit or OHS?</th>
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### Exposed Employee

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### TB Screening*

- [ ] TB Screening

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*Title: Procedure TB Monitoring and Exposure Follow-Up
Owner: Occupational Health Services
Effective Date: 11/23/2011
Doc. #2768