

OCHSNER CLINICAL SCHOOL POLICY	Policy #: OCS 400.5
Title: TB Surveillance	Effective Date: 1/1/10

PURPOSE

In conjunction with the Ochsner Health System's TB Exposure Control Plan, Ochsner Clinical School mandates yearly TB testing to identify OCS medical students infected with Mycobacterium Tuberculosis and to prevent the spread of this disease. Employee Health and Wellness will notify departments if more frequent testing is indicated. To reduce the risk of Ochsner Clinical School students acquiring pulmonary tuberculosis, mandatory screening for tuberculosis will be done on all OCS students annually, on all OCS medical students at the time of their orientation health assessment, and on all students who are exposed to a patient with active tuberculosis. Students who have tested positive in the past will complete an annual tuberculosis health questionnaire at the health screening during orientation.

All students who are exposed to a patient with active tuberculosis will be tested at the time of the exposure and in 12 - 14 weeks following the exposure. Employee Health and Wellness is responsible for overseeing TB testing.

DEFINITIONS:

A tuberculin skin test is a Mantoux test or .1 ml IPPD - (Purified Protein Derivative) placed on the volar surface of the left forearm.

A TB reading will consist of an Employee Health nurse or designee reading the skin test within 48-72 hours of application.

A Booster TB Skin Test will be placed 10-14 days after the initial TB Skin Test on all new students who tested negative.

A positive TB skin test is induration measuring 10 mm or greater.

An "Annual Tuberculosis Health Questionnaire" will be completed by students who have had a positive TB skin test in the past. The questionnaire will ask if the student has experienced any of the following symptoms:

- Unexplained weight loss
- Night sweats
- Low grade temperature, particularly in the afternoon
- Prolonged, productive cough - not associated with acute respiratory illness - i.e. cold ,
- pneumonia
- Shortness of breath
- Chronic fatigue

A TB exposure is an exposure to a patient who has been diagnosed with active infectious tuberculosis and was not in approved isolation.

POLICY STATEMENTS/PROCEDURES

I. Ochsner – Jefferson Highway

- A. Employee Health will test all current employees, medical staff, house staff, volunteers, and students who have had a negative skin test annually. Respiratory Therapy, Pulmonary Lab, Anesthesia, Microbiology Lab, Pulmonary Clinic, Infectious Disease Clinic, Flight Care, and Emergency Room staff will be tested every six months.
- B. All students who have had a positive TB skin test in the past will complete an annual tuberculosis health questionnaire to determine if physical symptoms of tuberculosis are present.
- C. All new students will be tested at the time of their year 3 orientation health screening. If negative, a second test will be given 2-3 weeks later to determine if a booster effect occurs.
- D. BCG vaccination does not preclude IPPD skin testing.
- E. Documentation of completion of TB skin test is maintained in the student health file.

II. Positive TB Test:

1. OCS medical student completes a questionnaire.
2. All students who test positive or "consults" who have symptoms suggestive of tuberculosis will have a chest x-ray.
3. All students who test positive will be referred to the Infectious Disease Department for evaluation.

FORMS

Annual Tuberculosis Health Questionnaire – Appendix A

APPROVALS

SIGNATURES:



Professor William W. Pinsky
Head, Ochsner Clinical School
Executive Vice President /Chief Academic Officer

Ochsner Health System
Employee Health Services
1st Floor Clinic Tower
Monday – Friday; 7:30 am – 4:00 pm
Ext. 25704 Fax # 26478

ANNUAL TUBERCULOSIS HEALTH QUESTIONNAIRE

Our records show that you have has a reaction in the past to the TB skin test. A positive TB skin test reaction means that you have come into contact with the Tuberculosis bacteria.

IT DOES NOT MEAN THAT YOU HAVE ACTIVE TUBERCULOSIS DISEASE NOW.

At one time, yearly chest x-rays were thought to be sufficient follow-up. During our annual TB Surveillance Program we would like to know if you have experienced any symptoms of Tuberculosis. This brief questionnaire is very important. We ask you to answer all of the questions on this page once a year and return it to Employee Health Services.

If you should ever experience any of the following symptoms at any time, please consult with an Employee Health nurse.

	Circle:	
	Yes	No
Coughing up blood	Yes	No
Productive cough (3 weeks or more)	Yes	No
Loss of appetite	Yes	No
Night Sweats	Yes	No
Persistent low grade fever	Yes	No
Persistent weight loss without dieting	Yes	No
Swollen glands, usually in the neck	Yes	No
Shortness of breath	Yes	No

If you have answered YES to any of the above, please explain below:

Employee Signature: _____ Date of Birth: _____

Print Name: _____ Date: _____

Employee Health Nurse: _____ Date: _____