



# Tuberculosis (TB) Screening For Staff Members Procedure

Procedure Number  
WCDHB-IC-0046

Version Nos:  
**5**

## 1. Purpose

This Procedure outlines the process for screening West Coast District Health Board (WCDHB) staff members who may have been exposed to Tuberculosis (TB) in the workplace.

## 2. Application

This Procedure is to be followed by all clinical staff throughout WCDHB.

## 3. Definitions

For the purposes of this Procedure:

**Tuberculosis (TB)** is taken to mean a chronic granulomatous infection caused by Mycobacterium tuberculosis which is generally transmitted by the inhalation or ingestion of infected droplets. Common sites of infection are the lung, which can include bronchi and bronchioles within it, the mediastinal nodes that drain it and the pleura that cover it. Lymph nodes, intestine, kidney, brain, meninges, liver and spleen are also sites of colonisation.

**Pulmonary TB** is taken to mean TB involving the lungs.

**Miliary TB** is taken to mean disseminated tuberculosis that is spread from the lungs to other organs of the body by blood or lymph system

**Open TB** is taken to mean where a tubercle has ruptured and TB is being transmitted through droplets to the external environment.

**Closed TB** is taken to mean where a tubercle remains encapsulated and risk of TB transmission is impossible unless tubercle ruptures.

**High Risk** is taken to mean staff members who are working regularly with patients with chest disease or who are working with tuberculosis material e.g. Laboratory Staff, Radiographers, Physiotherapist, Nurses and/or Students.

**Medium Risk** is taken to mean staff who are not working directly with patients with chest disease or who are not working directly with tuberculosis material e.g. ECG Technicians, Public Health Nurses, Radiographers, Physiotherapist, Nurses and/or Students

**Primary TB** is taken to mean children (under 12 years of age) who have primary rather than post-primary TB. NOTE – it is usually not infectious.

## 4. Responsibilities

**Clinical Nurse Specialist - Infection Control** is required to:

- oversee all aspects of this Procedure
- monitor the performance of WCDHB staff members in relation to this Procedure;

**Occupational Safety & Health Advisor** is required to:

- Reviewing completed TB Symptom Questionnaires (Appendix I)
- Initiate follow-up testing where required
- Liaise with Community & Public Health and Ministry of Health in the event of staff exposure to infectious TB cases

**Staff Members** are required to:

- ensure they abide by the requirements of this Procedure;
- abide by all WCDHB Infection Control Policy and Procedures;
- abide by all WCDHB Health and Safety Policy and Procedure.



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### 5. Resources Required

This Procedure requires:

- i) Guidelines for Tuberculosis Control in New Zealand 2003
- ii) Laboratory support – Mantoux Testing
- iii) X-Ray Support – Chest X-Rays
- iv) Community Public Health (contact tracing)
- v) Infectious Diseases Physician

### 6. Process

- 1.00 Pre-employment screening for TB will be undertaken as per the requirements of the *WCDHB Pre-Employment Health Screening Procedure*.
- 1.01 Screening for TB during employment can consist of (but not necessarily include):
  - Annual TB Symptom Questionnaire; and/or
  - Mantoux Test; and/or
  - Chest X-Rays.
- 1.02 Staff members working in **HIGH RISK** areas will be screened for TB as follows:
  - i) Annual Questionnaire about TB Screening and recent exposures;
  - ii) OSH Rep in each area to coordinate annually and submit completed questionnaires to Occupational Health and Safety Advisor (High Risk Areas include Medical Ward, X-Ray and Laboratory).
- 1.03 Staff members working in **MEDIUM RISK** areas will be screened for TB as follows:
  - i) Annual Questionnaire about TB Screening and recent exposures;
- 1.04 Where it is believed that a staff member has been exposed to TB:
  - i) the relevant manager is to notify the Clinical Nurse Specialist - Infection Control and the OSH Advisor as soon as is practicable;
  - ii) early contact is to be made between WCDHB and the Medical Officer of Health (Community & Public Health)
  - iii) exposed staff member is to be managed as per Chapter 6 of the "*Guidelines for Tuberculosis Control in New Zealand*".
- 1.05 The Medical Officer of Health must maintain an overview of any TB exposure investigation, both of patients and of staff member. The Ministry of Health should provide feedback to hospital Infection Control and Occupational Health and Safety about the outcome of contact investigations, so that all parties have the same picture of the infectivity of the source case.
- 1.06 Staff who may be immunocompromised are to be referred to a Clinical Microbiologist
- 1.07 Staff who have previously had a substantial positive Mantoux Test will be reassured that they are at little or no risk
- 1.08 Staff who have never been Mantoux Tested, have no record of being tested or have not had a Mantoux Test after previous BCG Immunisation should be advised to undergo Mantoux Testing. This should be arranged through the staff members own GP.



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### 7. Precautions And Considerations

- ➔ Pre-employment screening for TB will be undertaken as per the requirements of the *WCDHB Pre-Employment Health Screening Procedure*.
- ➔ Staff members working in HIGH RISK and Medium Risk areas will be screened
- ➔ Where it is believed that a staff member has been exposed to TB the relevant manager is to notify the Clinical Nurse Specialist - Infection Control and the OSH Advisor as soon as is practicable
- ➔ Early contact is to be made between WCDHB and the Medical Officer of Health where it is believed that a staff member has been exposed to TB

### 8. References

New Zealand Standard – Infection Control (NZS 8142:2007)  
Guidelines for Tuberculosis Control in New Zealand (2003)

### 9. Related Documents

WCDHB Infection Control Procedure Manual

<b>Revision History</b>	<b>Version:</b>	5
	<b>Developed By:</b>	Infection Control Coordinator
	<b>Authorised By:</b>	General Manager - Operations
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