

**CareMate Home Health Care, Inc.**  
2236 Marshall Avenue  
St. Paul, MN 55104

**TB Infection Control**

**Policy**

No person who is contagious with tuberculosis may provide services that require direct contact with clients. CareMate Home Health Care, Inc follows the Minnesota Department of Health (MDH) as well as the Centers for Disease Control (CDC) guidelines to prevent Tuberculosis (TB).

**Procedure**

1. Each staff must be assessed for current symptoms of active TB disease. This form is called the Annual Employee Questionnaire or the information is included on the two step Mantoux form. This employee questionnaire is completed by the Director of Nursing and / or delegated licensed nurses as well as the employee and asks the employee if they have the symptoms of TB disease which include:
  - A. Productive cough of 3 weeks or more duration
  - B. Hemoptysis
  - C. Weight loss
  - D. Night sweats
  - E. Fatigue
  - F. Fever, chills
  - G. Poor appetite
  - H. Chest pain
  
2. The staff must also show documented proof of one of the following before they may provide direct contact cares for the clients.
  - A. Show documented proof of a negative Two-step Tuberculin skin test (TST). One test could be within 12 months of their start date. The second must be within 90 days of start of employment. If the Two-step test was not with CareMate Home Health Care, Inc., the employee will be required to complete the Annual Employee Questionnaire; or,
  
  - B. Show documented proof of a negative Single TB Blood tests and will be required to complete the Annual Employee Questionnaire too. The TB Blood tests are:
    - I. Quantiferon
  
    - II. T-SPOT

3. If the staff has a documented positive reaction to the TST or TB blood test result, then they may do one of the following:
  - A. Provide documentation of a normal chest x-ray. This x-ray must be dated after the positive TST or TB blood test result. They will be required to complete the Annual Employee Questionnaire too.
  - B. Show documented proof of completed INH preventive therapy. They will be required to complete the Annual Employee Questionnaire too.
    - I. Must show proof of normal x-ray either before or after the INH therapy was completed or a recent negative blood test.
4. Annually all employees must show documented proof that they are free of TB. Based on CareMate Home Health Care, Inc.'s low risk classification based on its CDC risk assessment, all employees must complete the Annual Employee Questionnaire.
  - A. This questionnaire must be completed on or before the employee's twelve months of their last documented proof of being free of TB was completed.
5. For each twelve months of employment, all employees who have contact with clients in their residences, and their supervisors, shall complete in-service training about infection control techniques used in the home. The training must include:
  - A. Hand washing techniques;
  - B. The need for and use of protective gloves, goggles, gowns, and masks;
  - C. Disposal of contaminated materials and equipment, such as dressings, needles, syringes, and razor blades;
  - D. Disinfecting reusable equipment; and
  - E. Disinfecting environmental or hard surfaces.