



## TB Skin Test Policy

### QUESTIONS

Questions regarding this policy should be directed to the appropriate program director/coordinator or the CSN Infection Control Manager 702-651-5595.

### PROGRAMS AFFECTED

A student enrolled in any of the following programs is a *potential candidate for this policy or portions of this policy*, depending on the particular course of study: Cardiorespiratory Sciences, Contact Lens Technician, Culinary Arts Management, Dental Assisting, Dental Hygiene, Diagnostic Medical Sonography, Early Childhood Education, Emergency Medical Technician, Health Information Technology, Massage Specialist, Medical Coding, Medical Laboratory Assistant, Medical Laboratory Technician, Medical Office Assisting, Medical Office Practices, Medical Transcription, Mental Health Services, Nursing (RN), Nursing Assistant, Occupational Therapy Assistant, Ophthalmic Dispensing, Optical Laboratory Technician, Paramedic Medicine, Patient Registration, Pharmacy Technician, Phlebotomy, Physical Therapist Assistant, Practical Nursing, Radiation Therapy Technology, Reflexology Specialist, Surgical Technologist, Veterinary Technician.

**\*\*\* PROGRAM REQUIREMENTS VARY \*\*\***  
**Consult with your program director and/or advisor for specific program requirements and requirement deadlines.**  
  
***IT IS THE STUDENT'S RESPONSIBILITY TO KNOW WHAT IS REQUIRED FOR THEIR SPECIFIC PROGRAM OF STUDY.***

*Each student is responsible for presenting to their respective program advisor evidence of non-infectivity to tuberculosis while enrolled in a health sciences program. Methods in which this may be accomplished vary with each student.*

**CURRENT TST** = No more than 365 days since *administration* of a TST. For a two step TST, the 365 day time interval starts the day the second test is administered.

**ONE STEP TST** = The Centers for Disease Control and Prevention recommends: Administer the test, read results 48-72 hours later.

**TWO STEP TST** = The Centers for Disease Control and Prevention recommends: Administer step 1. Read results 48-72 hours later. *Minimum 7 days after administration of the first step*, administer step 2. Read results 48-72 hours later. (Often a two step skin test is administered as follows. Administer step 1. Seven days later, read results of step1 and administer step 2. Read results step 2, 48-72 hours later. *This will be accepted by CSN.*)

A two step TST consists of two single TSTs performed within 365 days. Regardless of the time interval between the two steps, the two step TST expires 365 days *after administration of the second step*.

**CURRENT CHEST X-RAY (CXR)** = Taken within the past 24 months *as follow up to positive TST*. Written documentation of a negative CXR results indicating no active pulmonary disease is present.\*

**Currently, CSN does not accept a CXR or a BLOOD TEST in lieu of a skin test.  
 A CXR will only be accepted as a follow-up to a DOCUMENTED positive TST.**

When	What is required 1 year = 365 days	How	Exception
<b>UPON ENROLLMENT</b>	Provide evidence of negative TST within the last year	If no TST within the last year (365 days), a two step TST is required. With documentation of two or more consecutive annual, negative one step TST, a one step TST is required.	Documented <i>history of positive TST</i> . SEE BELOW.
<b>WHILE ENROLLED</b>	Provide evidence of negative TST within the last year	Requires a current TST on file with program while enrolled	Documented <i>history of positive TST</i> . SEE BELOW.
<b>NEW POSITIVE TST results</b>	Written documentation by qualified healthcare professional indicating no active pulmonary disease is present	Referral to healthcare provider for evaluation, chest x-ray and/or treatment recommendations. Student must provide advisor/instructor 1) documentation of positive TST results 2) written documentation of negative (no active pulmonary disease) CXR. 3) completed <u>Tuberculosis Symptom Screening Questionnaire</u> annually	none

When	What is required	How	Exception
<p><b>Documented HISTORY of POSITIVE TST</b></p>	<p>Written documentation by qualified healthcare professional indicating no active pulmonary disease is present</p>	<p>Requires:            1) Documentation of positive TST in the past            2) CXR taken within the past 24 months as follow up to previous positive TST            3) written documentation by healthcare professional indicating no active pulmonary disease is present            4) completed <u>Tuberculosis Symptom Screening Questionnaire</u> annually.</p> <p><i>Exempt</i> from further TST.</p> <p>If symptoms suggestive of TB develop, an immediate referral to a healthcare provided required.*</p>	<p>A student with documentation of having successfully completed the recommended course of preventive treatment for TB will complete a <u>Tuberculosis Symptom Screening Questionnaire</u> in lieu of a TST or chest x-ray. *  <b>SEE BELOW</b></p>
<p><b>Documented HISTORY of POSITIVE TST WITH documentation of successfully completing the recommended course of preventive treatment</b></p>	<p>Must complete the <u>Tuberculosis Symptoms Screening Questionnaire</u> annually.</p>	<p>Requires:            1) written documentation of successfully completing the recommended course of preventive treatment            2) completed <u>Tuberculosis Symptom Screening Questionnaire</u> annually.</p> <p><i>Exempt</i> from further TST and CXR.</p> <p>If symptoms suggestive of TB develop an immediate referral to a healthcare provided required.*</p>	<p>none</p>
<p><b>Documented HISTORY of ACTIVE TB WITH documentation of successfully completing the recommended course of therapeutic treatment</b></p>	<p>Must complete the <u>Tuberculosis Symptoms Screening Questionnaire</u> annually.</p>	<p>Requires:            1) written documentation of successfully completing the recommended course of therapeutic treatment (minimum 6 months)            2) completed <u>Tuberculosis Symptom Screening Questionnaire</u> annually.</p> <p><i>Exempt</i> from further TST and CXR.</p> <p>If symptoms suggestive of TB develop an immediate referral to a healthcare provided required.*</p>	<p>none</p>

\*CONFIRMED or SUSPECTED TB INFECTION – CSN Infection Control Manager and Southern Nevada Health District must be notified immediately.