

# COLLEGE OF SOUTHERN NEVADA

## TB SKIN TEST POLICY

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### **QUESTIONS**

Questions regarding this policy should be directed to the appropriate Program Director/Coordinator or Deal of the Engelstad School of Health Sciences.

### **PROGRAMS AFFECTED**

A student enrolled in any of the following health sciences 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, Dental Assisting, Dental Hygiene, Diagnostic Medical Sonography, Emergency Medical Technician, Health Information Technology, Medical Coding, Medical Laboratory Assistant, Medical Laboratory Scientist, Medical Laboratory Technician, Medical Office Assisting, Medical Office Practices, Medical Transcription, 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, Surgical Technologist, Veterinary Technology.

**\*\*\*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 HIS/HER SPECIFIC PROGRAM OF STUDY.**

*Each student is responsible for presenting to his/her 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 of 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. (The Southern Nevada Health District often performs a two-step skin test as follows. Administer step 1. Seven days later, read results and administer step 2. Read results 48-72 hours later. *(This will be accepted by CSN.)*)

A two step TST consists of two single TSTs performed within 365 days *after administration of the 4 second step*.

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

**QUANTIFERON® TB GOLD IN-TUBE BLOOD TEST** = Confirm with respective program that the blood test is accepted in lieu of TST.

***A CXR will only be accepted as a follow-up to a documented positive TST.***

<b>When</b>	<b>What is required 1 year = 365 days</b>	<b>How</b>	<b>Exception</b>
<b>UPON ENROLLMENT</b>	Provide evidence of negative TST within the last year	<p>If no TST within the last year, a two-step TST is required.</p> <p>With documentation of two or more consecutive annual, negative one step TST, a one-step TST is required.</p>	<p>Documented <i>history of positive</i> TST.</p> <p>SEE BELOW.</p>
<b>WHILE ENROLLED</b>	Provide evidence of negative TST within the last year	Requires a current TST on file with program while enrolled	<p>Documented <i>history of positive</i> TST.</p> <p>SEE BELOW.</p>
<b>NEW POSITIVE TST results</b>	Written documentation by qualified healthcare professional indicating no active pulmonary disease is present	<p>Referral to healthcare provider for evaluation, chest x-ray and/or treatment recommendations. Student must provide advisor/instructor</p> <p>1) written results of TST</p> <p>2) written documentation of negative (no active pulmonary disease) CXR.</p> <p>3) completed <u><i>Tuberculosis Symptom Screening Questionnaire</i></u> annually.</p>	None
<b>Documented HISTORY of POSITIVE TST</b>	Written documentation by qualified healthcare professional indicating no active pulmonary disease is present	<p>Requires:</p> <p>1) CXR taken within the past 24 months as follow up to previous positive TST</p> <p>2) written documentation by healthcare professional indicating no active pulmonary disease is present</p> <p>3) completed <u><i>Tuberculosis Symptom Screening Questionnaire</i></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><i>Tuberculosis Symptom Screening Questionnaire</i></u> in lieu of a TST or chest x-ray. * SEE BELOW</p>

<p><b>Documented</b></p> <p><b>HISTORY</b></p> <p><i>of</i></p> <p><b>POSITIVE TST</b></p> <p><b>WITH</b></p> <p><b>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:</p> <p>1) written documentation of successfully completing the recommended course of preventive treatment (minimum 6 months)</p> <p>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</b></p> <p><b>HISTORY</b></p> <p><i>of</i></p> <p><b>ACTIVE TB</b></p> <p><b>WITH</b></p> <p><b>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:</p> <p>1) written documentation of successfully completing the recommended course of therapeutic treatment (minimum 6 months)</p> <p>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** – Dean and Southern Nevada Health District must be notified immediately.