

Health Care Institutions (HCI) subject to the requirements of <u>Arizona Administrative Code (A.A.C.) R9-10-113</u> are required to ensure that the HCI establishes, documents, and implements TB infection control activities that are consistent with recommendations in TB Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019, published by the U.S. Department of Health and Human Services, Atlanta, GA 30333, available at <u>https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm</u>, incorporated by reference, on file with the Department, and including no future editions or amendments (see <u>A.A.C. R9-10-113(A)(1)</u>). For more resources, please visit the Department's <u>TB Control Program website</u>.

*Note: References to "<u>individuals</u>" below includes each individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution.* 

Required TB Infection Control Activities	Initially	Annually	As needed
Conduct <u>TB risk assessment</u> * (baseline screening for individuals)	Х		
Conduct <u>TB signs/symptoms screening</u> * (baseline screening for individuals)	Х		
Obtain documentation of freedom from infectious TB according to A.A.C. R9-10-	Х		
113(B)(1) (baseline screening for individuals)			
• Documentation of a negative Mantoux skin test or other TB screening test			
that:			
<ul> <li>Is recommended by the CDC,</li> </ul>			
<ul> <li>Was administered within 12 months before the date the individual</li> </ul>			
begins providing services at or on behalf of the HCI or is admitted			
to the HCI, and			
<ul> <li>Includes the date and type of TB screening test</li> </ul>			
If an individual had or may have a history of TB or latent TB infection (LTBI), the HCI	Х	Х	
must:			
<ul> <li>Refer the individual for assessment or treatment, and</li> </ul>			
<ul> <li>Annually obtain <u>documentation</u>* of the individual's freedom from</li> </ul>			
symptoms of infectious TB, signed by a medical practitioner (MP),			
occupational health provider (OHP) as defined in <u>A.A.C. R9-6-801</u> , or <u>local</u>			
health agency (LHA) as defined in <u>A.A.C. R9-6-101</u>			
If an individual had a positive Mantoux skin test or other TB screening test and does	Х		
not have a history of TB or LTBI, a written statement:			
<ul> <li>That the individual if free from infectious TB, signed by a MP or <u>LHA</u>, and</li> </ul>			
<ul> <li>Dated within 12 months before the date the individual begins providing</li> </ul>			
services at or on behalf of the HCI or is admitted to the HCI			
Annual training and education related to recognizing the signs and symptoms of TB		Х	
to individuals employed by or providing volunteer services for the HCI			
Annual assessment of the HCI's risk of exposure to infectious TB, including		х	
documentation for each individual required to be screened for infectious TB that:			
<ul> <li>Indicates the individual's freedom from symptoms of infectious TB, and</li> </ul>			
<ul> <li>Is signed by a MP, OHP, or <u>LHA</u></li> </ul>			
Report, as specified in A.A.C. R9-6-202, an individual who is suspected of exposure			х
to infectious TB			
If an exposure to infectious TB occurs in the HCI, coordinate and share information			х
with the LHA for identifying, locating, and investigating contacts			

\*Form can be modified as needed to be used for all individuals.