



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
TB Testing Review for Staff
 For use during Recertification Surveys of Nursing Homes

FACILITY NAME	
SURVEYOR'S NAME	
LICENSE NUMBER	DATE

Item to Review	Please see the following page for instructions.				
	Staff 1	Staff 2	Staff 3	Staff 4	Staff 5
Staff name					
Date of Hire					
Date tested and type of test	Date: Type: <input type="checkbox"/> TST <input type="checkbox"/> IGRA	Date: Type: <input type="checkbox"/> TST <input type="checkbox"/> IGRA	Date: Type: <input type="checkbox"/> TST <input type="checkbox"/> IGRA	Date: Type: <input type="checkbox"/> TST <input type="checkbox"/> IGRA	Date: Type: <input type="checkbox"/> TST <input type="checkbox"/> IGRA
Date first test read and result. If testing method is TST, record mm of induration.	Date: Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Induration: mm	Date: Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Induration: mm	Date: Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Induration: mm	Date: Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Induration: mm	Date: Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Induration: mm
Second test (TST only): Date of second test					
Date second test read and result	Date: Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Induration: mm	Date: Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Induration: mm	Date: Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Induration: mm	Date: Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Induration: mm	Date: Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Induration: mm
Was annual re-testing done?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Notes					



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A Synopsis of the Requirements. Please read the entire WAC for complete guidance.

388-97-1380 Tuberculosis - Testing required.

- The nursing home must develop and implement a system to ensure that residents and staff have tuberculosis testing within three days of admission or employment. Facility personnel must be tested annually.

388-97-1400 Tuberculosis - Testing method—Required.

- The nursing home must ensure that all tuberculosis testing is done through either Intradermal (Mantoux, also known as TST) administration (with test results read within forty-eight to seventy-two hours of the test and by a trained professional) or a blood test for tuberculosis called interferon-gamma release assay (IGRA).

388-97-1440 Tuberculosis - No testing.

- The nursing home is not required to have a person tested for tuberculosis if the person has a documented history of a previous positive skin test result, a documented history of a previous positive blood test or documented evidence of adequate therapy for active disease or completion of treatment for latent tuberculosis infection preventive therapy.

388-97-1460 Tuberculosis - One test.

- The nursing home is only required to have a person take one test if the person has a documented history of a negative result from a previous two step test done no more than one to three weeks apart; or a documented negative result from one skin or blood test in the previous twelve months.

388-97-1480 Tuberculosis - Two-step skin testing.

- Unless the person meets the requirement for having no skin testing or only one test, the nursing home, choosing to do skin testing, must ensure that each person has the following two-step skin testing: An initial skin test within three days and a second test done one to three weeks after the first test.

388-97-1500 Tuberculosis - Positive test result.

- When there is a positive result to tuberculosis skin or blood testing the nursing home must ensure that the person has a chest X ray within seven days and evaluate each resident or person with a positive test result for signs and symptoms of tuberculosis and follow the recommendation of the person's health care provider.

388-97-1580 Tuberculosis - Test records.

- The nursing home must keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the nursing home and make the records readily available to the appropriate health authority and licensing agency.