**Section 2060.415 Infectious Disease Control**

a) Licensees shall be in compliance with:

1) guidelines issued by the U.S. Centers for Disease Control and Prevention in "Recommendations for Prevention of HIV Transmission in Health Care Settings": and "Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and other Bloodborne Pathogens in Healthcare Settings", both known as "Universal Precautions"; and

2) the U.S. Department of Labor rules for Occupational Exposure to Bloodborne Pathogens, 29 CRF 1910.1030 (2000).

b) Tuberculosis Control and Services

1) Any organization providing treatment services shall have its medical director or other designated staff be responsible for developing, reviewing annually and evaluating the effectiveness of a tuberculosis infection control plan based on a tuberculosis risk assessment of the facility following the protocol for conducting a tuberculosis (TB) risk assessment in a health care facility in "Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities", referred to as CDC Tuberculosis Guidelines, which should, at a minimum, include:

A) a medical screening of each patient for infectious, communicable tuberculosis as required in Section 2060.413(b) of this Part;

B) identification of patients at increased risk of being infected with tuberculosis, using a standardized screening tool, and provision of tuberculosis services, either directly or through referral with other public, nonprofit or private entities;

C) procedures for the immediate reporting of patients with, or suspected of having, active, infectious tuberculosis to the local tuberculosis control agency and a process for isolation of such patients from the general population until the patient is determined to be non-infectious. Provisions shall be made for respiratory isolation (by linkage with other health care providers and the local tuberculosis control agency) for substance abuse treatment if and when possible and appropriate;

D) procedures for providing prompt and appropriate curative therapy directly by the organization or by referral. Such medical care provided shall be consistent with standards specified by the Centers for Disease Control and Prevention, Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children (American Thoracic Society, Medical Society of the American Lung Association and U.S. Department of Health and Human Services). Am. J. Respir. Crit. Care Med. vol. 149, pp. 1359-1374, 1994 (no later amendments or editions included);

E) procedures (by way of linkage with other health care providers and with the local health department) for isolation of patients who may have active infectious tuberculosis;

F) procedures for lessening the risk of environmental transmission within the facility; and

G) procedures for meeting State reporting requirements while adhering to confidentiality requirements specified in Section 2060.319 of this Part and in 42 CFR 2.

2) Employee Skin Testing and Management

A) All staff shall have a tuberculin skin test using the Mantoux method (5TU, PPD) when hired, annually and as indicated in the CDC Tuberculosis Guidelines (or authentic documentation of a skin test within the past three months, or of completion of previous medical treatment of the disease, or of preventive therapy). The test shall be read within 48 to 72 hours by personnel trained in accordance with guidance from the local tuberculosis agency.

B) The organization shall establish procedures requiring medical evaluation for personnel with positive skin tests or with signs and symptoms of active tuberculosis disease; requiring preventive therapy for personnel with tuberculosis infection, unless medically contraindicated; and requiring leave and/or restriction from the patient population as necessary in cases of active infectious tuberculosis.

C) Staff who have an initial negative skin test result but who have not had a documented negative skin test result during the 12 preceding months shall be retested using the Mantoux method within one to three weeks after the initial test. If the second test is positive, the person should be considered previously infected.

D) Staff with negative tests shall be retested at least every 12 months and upon a known or suspected exposure to tuberculosis.

E) The organization shall document and have available for review by the Department the results of all staff tuberculin testing.

3) Patient Skin Testing and Management

A) The medical director of any organization providing treatment services shall develop a tuberculosis skin testing policy and procedure based on the tuberculosis risk assessment and tuberculosis infection control plan required in subsection (b)(1) of this Section.

B) Patient Testing

i) Each organization providing inpatient services (except for residential extended care) and/or providing opioid maintenance therapy shall either directly or through arrangements with other public, nonprofit or private entities, provide each patient with medical tuberculosis screening services including at a minimum a PPD skin test (5TU, PPD), placed within seven calendar days after admission and read within 48 to 72 hours after placement by personnel trained in accordance with guidance from the local tuberculosis agency. If a patient is known to be immunosuppressed, a chest x-ray, energy battery, sputum smear and/or sputum culture/sensitivity study for tuberculosis may be used instead of a PPD skin test.

ii) Patients with prior positive skin tests or diagnoses who have not completed treatment or prevention therapy shall be medically evaluated for symptoms of infectious tuberculosis.

C) The result of the Mantoux skin test in mm of induration, the date given and the date read shall be recorded in the patient's medical file.

D) Patients who have a positive reaction of 5 mm or more to the skin test or who have signs and symptoms compatible with tuberculosis disease shall be medically evaluated for tuberculosis or shall be referred for such evaluation. Admission of patients with symptoms of active tuberculosis may be delayed until there is adequate documentation that the person is not infectious.

E) Organizations shall follow the CDC Tuberculosis Guidelines regarding appropriate testing after the initial test (i.e., in determining appropriate retesting, the need for anergy testing, testing required upon exposure and additional considerations for interpreting test results). Patients with negative reactions to the initial tuberculin test shall be retested using the Mantoux method (5TU PPD) at least annually or after any known exposure to infectious tuberculosis.

F) Procedures shall be established for providing prompt and appropriate curative and preventive therapy directly by the organization or by referral. Medical care provided shall be consistent with the CDC's Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children.

4) Facility Environment-Transmission Prevention

A) An organization that provides respiratory isolation at a facility shall assure that it has consulted engineers or other professionals with expertise in ventilation engineering to ensure that its facility ventilation systems meet applicable federal, State and local standards.

B) Persons with suspected or known infectious tuberculosis shall not be allowed to enter living or work areas of a treatment facility. The process for handling persons prior to and while screening for infectious tuberculosis shall be done as to avoid environmental exposure to other patients and staff.

(Source: Amended at 25 Ill. Reg. 11063, effective August 14, 2001)