

902 KAR 20:205. Tuberculosis (TB) testing for health care workers.

RELATES TO: KRS 215.520-215.600, 216B.010-216B.131, 216B.990

STATUTORY AUTHORITY: KRS 216B.042(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 216B.042(1) requires the Cabinet for Health and Family Services to establish licensure standards and procedures to ensure safe, adequate, and efficient health facilities and health services. KRS 215.590 requires a health service or health facility licensed pursuant to KRS Chapter 216B or KRS Chapter 333 to report knowledge of a person who has active tuberculosis to the local health department. This administrative regulation establishes requirements for tuberculosis (TB) testing of health care workers in health facilities or settings licensed under KRS Chapter 216B or KRS Chapter 333. These procedures are necessary to minimize the transmission of infectious tuberculosis disease among staff and patients or residents of health facilities.

Section 1. Definitions. (1) "Air changes per hour" or "ACH" means the air change rate expressed as the number of air exchange units per hour.

(2) "Airborne Infection Isolation (All) room" means a room, formerly called a negative pressure isolation room, which is designed to maintain All and is a single-occupancy patient-care room used to isolate persons with suspected or confirmed infectious TB disease.

(3) "BAMT conversion" means a change in the BAMT test result, on serial testing, from negative to positive over a two (2) year period.

(4) "Blood Assay for Mycobacterium tuberculosis" or "BAMT" means a diagnostic blood test that:

(a) Assesses for the presence of infection with *M. tuberculosis*;

(b) Reports results as positive, negative, indeterminate, or borderline; and

(c) Includes interferon-gamma (IFN- γ) release assays (IGRA).

(5) "Boosting" or the "booster phenomenon" means if nonspecific or remote sensitivity to tuberculin purified protein derivative (PPD) in the skin test wanes or disappears over time, subsequent tuberculin skin tests (TSTs) may restore the sensitivity.

(6) "Extrapulmonary tuberculosis" means TB disease in any part of the body other than the lungs (e.g., kidney, spine, or lymph nodes), and may include the presence of pulmonary TB or other infectious TB diseases.

(7) "Health care setting" or "health facility" means the following settings:

(a) Abortion facility;

(b) Adult day health program;

(c) Alzheimer's nursing home;

(d) Ambulatory care clinic;

(e) Ambulatory surgical center;

(f) Blood establishment;

(g) Chemical dependency treatment service;

(h) Community mental health center;

(i) Comprehensive physical rehabilitation hospital;

(j) Critical access hospital;

(k) Family care home;

(l) Freestanding birth center;

(m) Group home;

(n) Home health agency;

(o) Hospice program;

(p) Hospital;

- (q) Intermediate care facility;
- (r) Intermediate care facility for individuals with an intellectual disability (ICF/IID);
- (s) Limited services clinic;
- (t) Medical laboratory;
- (u) Mobile health service;
- (v) Network;
- (w) Nursing facility;
- (x) Nursing home;
- (y) Nursing pool;
- (z) Outpatient health care center;
- (aa) Pain management facility;
- (bb) Personal care home;
- (cc) Prescribed pediatric extended care facility;
- (dd) Psychiatric hospital;
- (ee) Primary care center;
- (ff) Private duty nursing agency;
- (gg) Level I or Level II psychiatric residential treatment facility;
- (hh) Rehabilitation agency;
- (ii) Renal dialysis facility;
- (jj) Residential hospice facility;
- (kk) Rural health clinic;
- (ll) Special health clinic;
- (mm) Specialty intermediate care clinic;
- (nn) Specialized medical technology service; or
- (oo) Behavioral health services organization.

(8) "Health care workers" or "HCWs" means all paid and unpaid persons working in health care settings who have the potential for exposure to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air, and shall include:

- (a) Physicians;
- (b) Physician assistants;
- (c) Nurses;
- (d) Medical assistants;
- (e) Nursing assistants or nurse aides;
- (f) Therapists;
- (g) Technicians;
- (h) Emergency medical service personnel;
- (i) Dental personnel;
- (j) Pharmacists;
- (k) Laboratory personnel;
- (l) Autopsy personnel;
- (m) Students and trainees;

(n) Contractual and community-based physicians and other healthcare professionals and staff not employed by the health care facility; and

(o) Persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that may be transmitted to and from health care workers and patients or residents.

(9) "Induration" means a firm area in the skin that develops as a reaction to injected tuberculin antigen if a person has tuberculosis infection and that is measured in accordance with Sec-

tion 3(2) of this administrative regulation.

(10) "Infectious tuberculosis" means pulmonary, laryngeal, endobroncheal, or tracheal TB disease or a draining TB skin lesion that has the potential to cause transmission of tuberculosis to other persons.

(11) "Latent TB infection" or "LTBI" means infection with *M. tuberculosis* without symptoms or signs of disease having been manifested.

(12) "Multidrug-resistant tuberculosis" or "MDR TB" means TB disease caused by *M. tuberculosis* organisms that are resistant to at least isoniazid (INH) and rifampin.

(13) "Nucleic Acid Amplification" or "NAA" means a laboratory method used to target and amplify a single deoxyribonucleic acid (DNA) or ribonucleic acid (RNA) sequence usually for detecting and identifying a microorganism.

(14) "Polymerase chain reaction" or "PCR" means a system for in vitro amplification of DNA or RNA that can be used for diagnosis of infections.

(15) "Staggered tuberculosis testing" means the testing of a health care worker in or before the same month as the anniversary date of his or her date of initial employment, or testing in or before the worker's birth month so that all health care workers do not have tuberculosis testing in the same month.

(16) "TST conversion" means a change in the result of a test for *M. tuberculosis* infection in which the condition is interpreted as having progressed from uninfected to infected in accordance with Section 3(4) of this administrative regulation.

(17) "Tuberculin Skin Test" or "TST" means a diagnostic aid for finding *M. tuberculosis* infection that:

(a) Is performed by using the intradermal (Mantoux) technique using five (5) tuberculin units of purified protein derivative (PPD); and

(b) Has results read forty-eight (48) to seventy-two (72) hours after injection and recorded in millimeters of induration.

(18) "Tuberculosis (TB) disease" means a condition caused by infection with a member of the *M. tuberculosis* complex that meets the descriptions established in Section 3(3) of this administrative regulation.

(19) "Tuberculosis Risk Assessment" means an initial and ongoing evaluation of the risk for LTBI or active TB disease in a particular health care worker and is performed in accordance with the provisions established in Sections 4, 5, 7, and 11 of this administrative regulation.

(20) "Two-step TST" or "two-step testing" means a series of two (2) TSTs administered seven (7) to twenty one (21) days apart and used for the baseline skin testing of persons who will receive serial TSTs, including health care workers and residents of long-term care settings, to reduce the likelihood of mistaking a boosted reaction for a new infection.

Section 2. TB Infection Control Program. (1) Each health facility shall have a written TB infection control plan that is part of an overall infection control program.

(2) The TB infection control plan shall be designed to control *M. tuberculosis* transmission through early detection, isolation, diagnosis, and treatment of persons with active TB disease.

(3) A hierarchy of control measures shall be used, including:

(a) Administrative controls;

(b) Environmental controls; and

(c) Respiratory protection.

(4) A TB infection control plan shall include a listing of the job series of health care workers or another standardized method to describe which health care workers shall be included in the facility TB screening program.

(5) At a minimum, a health care worker shall be included in the TB screening program if the

worker:

(a) Has duties that involve face-to-face contact with patients with suspected or confirmed active TB disease, including transport staff;

(b) Has the potential for exposure to *M. tuberculosis* through air space shared with persons with suspected or confirmed active TB disease of the respiratory system;

(c) Has duties that involve the processing of laboratory specimens for TB testing or TB cultures;

(d) Has duties that have the potential for exposure to the environment of care of persons with suspected or confirmed active TB disease; or

(e) Performs other tasks or procedures which may generate infectious aerosol droplet nuclei in which the worker has or may have exposure to TB disease.

(6) A facility may voluntarily include additional or all health care workers in the TB screening program based upon:

(a) TB incidence (local or regional);

(b) Other TB risk factors;

(c) Changes in the epidemiology of TB (local or regional);

(d) Patient safety strategies;

(e) Risk management strategies; or

(f) Any other factors.

Section 3. Tuberculosis Testing Requirements for TSTs. (1) Two-step testing shall be used to distinguish new infections from boosted reactions in infection-control surveillance programs.

(2)(a) A TST shall be performed by:

1. A physician;

2. An advanced practice registered nurse;

3. A physician assistant;

4. A registered nurse; or

5. A pharmacist.

(b) A licensed practical nurse under the supervision of a registered nurse may perform a TST.

(3) Induration Measurements.

(a) The diameter of the firm area shall be measured transversely (i.e., perpendicularly) to the long axis of the forearm to the nearest millimeter to gauge the degree of reaction, and the result shall be recorded in millimeters.

(b) The diameter of the firm area shall not be measured along the long axis of the forearm.

(c) A reaction of ten (10) millimeters or more of induration, if the TST result is interpreted as positive, shall be considered highly indicative of tuberculosis infection in a health care setting.

(d) A reaction of five (5) millimeters to nine (9) millimeters of induration may be significant in certain individuals with risk factors described in Section 4(3) of this administrative regulation for rapid progression to active tuberculosis disease if infected.

(4) Tuberculosis (TB) disease.

(a) A person shall be diagnosed as having tuberculosis (TB) disease if the infection has progressed to causing clinical (manifesting signs or symptoms) or subclinical (early stage of disease in which signs or symptoms are not present, but other indications of disease activity are present, including radiographic abnormalities) illness.

1. Tuberculosis that is found in the lungs shall be called pulmonary TB and may be infectious.

2. Extrapulmonary disease (occurring at a body site outside the lungs) may be infectious in rare circumstances.

(b) If the only clinical finding is specific chest radiographic abnormalities, the condition is termed "inactive TB" and shall be differentiated from active TB disease, which is accompanied by symptoms or other indications of disease activity, including the ability to culture reproducing TB organisms from respiratory secretions or a specific chest radiographic finding.

(5)(a) A TST conversion shall have occurred if the size of the measured TST induration increases by ten (10) millimeters or more during a two (2) year period in a health care worker with a:

1. Documented baseline two-step TST result measured as zero (0); or
2. Previous follow-up screening TST result with induration measured as one (1) millimeter to nine (9) millimeters and interpreted as negative during serial testing.

(b) A TST conversion shall be presumptive evidence of new *M. tuberculosis* infection and poses an increased risk for progression to TB disease.

Section 4. TB Risk Assessment and Tuberculin Skin Tests or BAMTs for Health Care Workers on Initial Employment. (1) Risk Assessment.

(a) To perform a TB Risk Assessment, a questionnaire shall be used and the following factors shall be assessed:

1. The clinical symptoms of active TB disease;
2. Events and behaviors that increase the risk for exposure to *M. tuberculosis* and the risk of acquiring LTBI; and
3. Medical risk factors that increase the risk for a health care worker with LTBI to develop active TB disease.

(b) A TB Risk Assessment questionnaire may be obtained from the Kentucky Department for Public Health (published online at <http://chfs.ky.gov/dph/epi/tb.htm>) or from a national medical or public health organization, including the American Academy of Pediatrics or the Centers for Disease Control and Prevention.

(c) TB Risk Assessment questions shall be on a facility-approved form or incorporated into the facility's medical history forms or into forms or other features of the facility's electronic medical record systems.

(2) Exclusion of Health Care Workers from Tuberculin Skin Tests or BAMTs Upon Initial Employment in a Health Facility. A TST or BAMT shall not be required at the time of initial employment if the health care worker provided medical documentation for one (1) of the following as part of a TB Risk Assessment:

(a) A prior TST of ten (10) millimeters or more of induration if the TST result was interpreted as positive;

(b) A prior TST of five (5) millimeters to nine (9) millimeters of induration if the health care worker has a medical reason as described in subsection (3) of this section for his or her TST result to be interpreted as positive;

(c) A positive BAMT;

(d) A TST conversion;

(e) A BAMT conversion;

(f) Current receipt or completion of treatment for LTBI with one (1) of the treatment regimens recommended by the Centers for Disease Control and Prevention;

(g) Completion of a course of multiple-drug therapy for active TB disease recommended by the Centers for Disease Control and Prevention; or

(h) A TST or BAMT within three (3) months prior to initial employment at the facility and previous participation in a serial testing program at another medical facility or health care setting.

(3) A medical reason for a health care worker's TST result of five (5) millimeters to nine (9) millimeters of induration to be interpreted as positive may include:

- (a) HIV-infection;
- (b) Immunosuppression from disease or medications;
- (c) Fibrotic changes on a chest radiograph consistent with previous TB disease; or
- (d) Recent contact with a person who has active TB disease.

(4) TB Risk Assessments and Tuberculin Skin Tests or BAMTs for Health Care Workers upon Initial Employment in a Health Facility.

(a) A baseline TB Risk Assessment, and a TST or BAMT if not excluded pursuant to subsection (2) of this section, shall be initiated on each new health care worker before or during the first week of employment. The results shall be documented in the health care worker's medical record or electronic medical record within the first month of employment.

(b)1. A TB Risk Assessment required by paragraph (a) of this subsection and other sections shall be performed by:

- a. A physician;
- b. An advanced practice registered nurse;
- c. A physician assistant;
- d. A registered nurse, or
- e. A pharmacist.

2. A licensed practical nurse under the supervision of a registered nurse may perform the TB Risk Assessment.

(c) An initial or first-step TST result of ten (10) millimeters or more of induration may be interpreted as positive for a new health care worker.

(d) An initial or first-step TST result of five (5) millimeters to nine (9) millimeters of induration may be interpreted as positive for a new health care worker who has a medical reason as described in subsection (3) of this section for the TST result to be interpreted as positive.

(5)(a) A two-step baseline TST shall be required for a health care worker aged fourteen (14) years and older whose initial or first-step TST, initiated before or during the first week of employment pursuant to subsection (4)(a) of this section, is interpreted as negative.

(b) The second step-test shall be initiated seven (7) to twenty-one (21) days after the first test.

1. A TST result of five (5) millimeters to nine (9) millimeters of induration may be interpreted as positive on the second step TST for a health care worker who has a medical reason as described in subsection (3) of this section for the TST result to be interpreted as positive.

2. If a health care worker aged fourteen (14) years and older does not have a medical reason as identified in subsection (3) of this section and the worker's initial or first-step TST shows less than ten (10) millimeters of induration and a second-step TST shows ten (10) millimeters or more of induration, the TST shall be interpreted as positive.

3. The initial TST shall count as the second-step TST if the health care worker aged fourteen (14) years and older provided medical documentation that he or she has had a one-step TST interpreted as negative within one (1) year prior to initial testing at the time of initial employment.

(6) A BAMT may be used in place of, but not in addition to, a TST, and:

(a) If a BAMT is performed before or during the first week of employment and the result is positive or negative, only one (1) BAMT test result shall be required; and

(b) A second BAMT shall be performed if the BAMT result is borderline, indeterminate, or invalid.

Section 5. Annual TB Risk Assessments and Annual Tuberculin Skin Tests or BAMTs for Health Care Workers. (1) A health care worker shall have an annual TB risk assessment and annual education about the signs and symptoms of active TB disease.

(2) A health care worker included in the TB screening program, as determined by the health facility's TB infection control plan, shall also have annual TB testing.

(3) The requirements established in this subsection shall apply during annual TB testing.

(a) A health care setting shall use staggered tuberculosis testing to assure that all health care workers are not tested in the same month. Staggered testing shall be performed monthly, quarterly, or semiannually.

(b) A health care worker who has worked eleven (11) months or more in the facility and who has never had a TST interpreted as positive, or has never had a positive BAMT, shall have a TB Risk Assessment and a TST or BAMT annually in or before the same month as the anniversary date of his or her last TB Risk Assessment and TST or BAMT.

(c) A health care worker who has worked eleven (11) months or more in the facility and who has had a previous TST interpreted as positive, or a previously positive BAMT, shall:

1. Have an annual TB Risk Assessment in or before the same month as the anniversary date of his or her last TB Risk Assessment; and

2. Not be required to submit to an annual TST or BAMT.

Section 6. Medical Record or Electronic Medical Record Documentation for Health Care Workers. (1) The TB Risk Assessment shall be documented in each health care worker's medical record or electronic medical record by recording the date of the assessment and the results.

(2) The TST result of each health care worker shall be documented in the worker's medical record or electronic medical record by recording the date of measurement, millimeters of induration, and interpretation of the results for each TST performed.

(3) The medical record shall be labeled inside or the electronic medical record shall be labeled with the notation "TST Positive" for each health care worker with a reaction of:

(a) Ten (10) millimeters or more of induration if the TST result was interpreted as positive; or

(b) Five (5) millimeters to nine (9) millimeters of induration if the health care worker has a medical reason as described in Section 4(3) of this administrative regulation for the TST result to be interpreted as positive.

(4)(a) If performed, the BAMT result for each health care worker shall be documented in the worker's medical record or electronic medical record by recording the date and result as positive, negative, borderline, or indeterminate.

(b) If a health care worker has a positive BAMT, the worker's medical record shall be labeled inside or the electronic medical record shall be labeled with the notation "BAMT Positive."

Section 7. Medical Evaluations, Chest X-rays, and Monitoring of Health Care Workers with a Positive TST, a Positive BAMT, a TST Conversion, or a BAMT Conversion. (1) At the time of initial employment testing or annual testing, a health care worker shall have a medical evaluation, including an HIV test unless the health care worker opts out of HIV testing, if the health care worker is found to have a:

(a) TST result of ten (10) millimeters or more induration if the TST result is interpreted as positive;

(b) TST result of five (5) millimeters to nine (9) millimeters of induration if the health care worker has a medical reason as described in Section 4(3) of this administrative regulation for the TST result to be interpreted as positive;

(c) Positive BAMT;

(d) TST conversion; or

(e) BAMT conversion.

(2) A chest x-ray shall be performed as part of the medical evaluation required by subsection (1) of this section unless a chest x-ray performed within the previous two (2) months showed no evidence of tuberculosis disease.

(3)(a) A health care worker with no clinical evidence of active TB disease, upon evaluation by a licensed physician, advanced practice registered nurse, or physician assistant and a negative chest x-ray, shall be offered treatment for LTBI unless medically contraindicated.

(b) A health care worker who refuses treatment for LTBI or who has a medical contraindication shall be monitored according to the requirements established in this paragraph.

1. A health care worker who has a positive TST or a positive BAMT at the time of initial employment and works eleven (11) months or longer in the health facility shall:

a. Have an annual TB Risk Assessment in or before the same month as the anniversary date of his or her last TB Risk Assessment; and

b. Not be subject to an annual TST or BAMT.

2. A health care worker with a documented TST conversion or a BAMT conversion shall:

a. Be educated about and advised of the clinical symptoms of active TB disease;

b. Have an interval medical history for clinical symptoms of active TB disease every six (6) months during the first two (2) years after conversion, followed by an annual TB Risk Assessment in or before the same month as the anniversary date of the worker's last TB Risk Assessment; and

c. Not be subject to an annual TST or BAMT.

3. A health care worker with a positive TST, a positive BAMT, a TST conversion, or a BAMT Conversion shall be:

a. Educated about and advised of the clinical symptoms of active TB disease; and

b. Instructed to report to his or her facility supervisor and seek medical attention promptly if symptoms persist for three (3) weeks or longer.

(4) Documentation that the health care worker was educated and advised of the clinical symptoms of active TB disease shall be included in the health care worker's medical record or electronic medical record.

Section 8. Medical Evaluations, Chest X-rays, Laboratory Tests, Treatment, and Monitoring of Health Care Workers with Suspected TB Disease or Active TB Disease. (1) A health care worker with signs or symptoms or an abnormal chest x-ray, consistent with TB disease, shall:

(a) Be immediately excluded from work;

(b) Be isolated in an All room, referred to a facility with an All room, or placed in home isolation in collaboration with the local health department;

(c) Be evaluated for active tuberculosis disease and, if needed, treated with multi-drug TB therapy as recommended by the Centers for Disease Control and Prevention; and

(d) Remain off work until cleared as being noninfectious for TB by a licensed physician, advanced practice registered nurse, or physician assistant in conjunction with the local and state health departments.

(2) A health care worker under treatment for suspected or confirmed pulmonary tuberculosis disease, suspected or confirmed extrapulmonary tuberculosis disease, or other suspected or confirmed infectious tuberculosis diseases caused by either non-MDR TB or MDR-TB may return to work in the facility, as recommended by the Centers for Disease Control and Prevention, after being declared noninfectious by a licensed physician, advanced practice registered nurse, or physician assistant in conjunction with the local and state health departments.

Section 9. Responsibility for Screening and Monitoring Requirements: Health Care Workers.

(1) A facility's administrator or administrator's designee shall be responsible for ensuring that

all TB Risk Assessments, TSTs, BAMTs, chest x-rays, and sputum specimen submissions for health care workers comply with the requirements of Section 3 through Section 8 of this administrative regulation.

(2) If a facility does not employ licensed professional staff with the technical training to carry out the screening and monitoring requirements, the administrator shall arrange for training or professional assistance from the local health department or from a licensed medical provider.

(3)(a) A TST with the date of measurement and millimeters of induration, interpretation of the results, the date performed, reported results of all BAMTs, chest x-rays, sputum specimen AFB smears, TB cultures, TB-related NAA tests, and TB-related PCR tests for a health care worker shall be recorded as a permanent part of the worker's medical record or electronic medical record.

(b) Copies of the health care worker's medical record or electronic medical record shall be provided to the worker upon request if the worker transfers to another health facility.

Section 10. Reporting to Local Health Departments. (1) A health facility's administrator or the administrator's designee shall report a health care worker identified with one (1) of the following to the local health department having jurisdiction within one (1) business day of becoming known:

(a) A TST conversion or BAMT conversion on serial testing or identified in a contact investigation;

(b) A chest x-ray which is suspicious for TB disease;

(c) A sputum smear positive for acid-fast bacilli;

(d) A rapid laboratory test positive for Mycobacterium tuberculosis DNA or RNA, such as Mycobacterium tuberculosis positive NAA tests or PCR tests;

(e) A sputum culture positive for Mycobacterium tuberculosis; or

(f) The initiation of multi-drug antituberculosis treatment for active TB disease in a health care worker.

(2) A health facility's administrator or the administrator's designee shall report a health care worker identified with one (1) of the following to the local health department having jurisdiction within five (5) business days of becoming known:

(a) A TST of ten (10) millimeters or more induration at the time of initial employment at the facility if the TST result was interpreted as positive;

(b) A TST result of five (5) or more millimeters of induration for a health care worker at the time of initial employment who has a medical reason as described in Section 4(3) of this administrative regulation for the TST result to be interpreted as positive; or

(c) A positive BAMT at the time of initial employment.

Section 11. Treatment for LTBI. (1) A health care worker with a TST conversion or a BAMT conversion with no clinical evidence of active TB disease upon evaluation by a licensed physician, advanced practice registered nurse, or physician assistant and a negative chest x-ray shall be considered to be recently infected with Mycobacterium tuberculosis.

(2) A recently infected person as described in subsection (1) of this section shall have:

(a) A medical evaluation;

(b) An HIV test unless the individual opts out of HIV testing; and

(c) A chest x-ray.

(3) An individual who meets the criteria listed in subsection (1) of this section and who has no signs or symptoms of tuberculosis disease by medical evaluation or on chest x-ray shall be offered treatment for LTBI, in collaboration with the local health department, unless medically contraindicated as determined by a licensed physician, advanced practice registered nurse, or

physician assistant.

(4)(a) If a health care worker refuses treatment for LTBI after a TST conversion or a BAMT conversion or has a medical contraindication, the worker shall:

1. Be educated about, and advised of, the clinical symptoms of active TB disease;
2. Have a TB Risk Assessment, which includes an interval medical history for clinical symptoms of active TB disease every six (6) months during the first two (2) years following TST conversion or BAMT conversion, followed thereafter by an annual TB Risk Assessment in or before the same month as the anniversary date of his or her last TB Risk Assessment; and
3. Not be required to submit to an annual TST or BAMT.

(b) Documentation that the health care worker was educated and advised of the clinical symptoms of active TB disease shall be included in the health care worker's medical record or electronic medical record.

(5) A health care worker who has a TST result of ten (10) millimeters or more induration, if the TST result is interpreted as positive, or a positive BAMT at the time of initial employment shall be offered treatment for LTBI, unless medically contraindicated.

(6) A health care worker who has a TST result of five (5) millimeters to nine (9) millimeters of induration upon initial employment and who has a medical reason as described in Section 4(3) of this administrative regulation for the TST result to be interpreted as positive shall be offered treatment for LTBI, unless medically contraindicated.

(7) If a health care worker refuses treatment for LTBI detected at the time of initial employment in the facility or has a medical contraindication, the worker shall:

- (a) Be educated about and advised of the clinical symptoms of active TB disease;
- (b) Have a TB Risk Assessment that includes an interval medical history for clinical symptoms of active TB disease every six (6) months during the first two (2) years after the date of initial employment in the facility, followed thereafter by an annual TB Risk Assessment in or before the same month as the anniversary date of the worker's last TB Risk Assessment; and
- (c) Not be required to submit to an annual TST or BAMT.

(8) Documentation that the health care worker was educated about and advised of the clinical symptoms of active TB disease shall be included in the health care worker's medical record or electronic medical record.

(9) A health care worker who works eleven (11) months or longer in the facility and who provided medical documentation that he or she has completed treatment for LTBI with one (1) of the treatment regimens recommended by the Centers for Disease Control and Prevention shall:

- (a) Not be required to submit to an annual TST or BAMT; and
- (b) Receive education on the clinical symptoms of active TB disease during a TB Risk Assessment annually in or before the same month as the anniversary date of his or her last TB Risk Assessment.

Section 12. Compliance Date. All health care settings or health facilities subject to the tuberculosis testing requirements of this administrative regulation shall demonstrate compliance no later than 180 days after the effective date of this administrative regulation.

Section 13. Supersede. If any requirement stated in another administrative regulation within 902 KAR Chapter 20 contradicts a requirement stated in this administrative regulation, the requirement stated in this administrative regulation shall supersede the requirement stated elsewhere within 902 KAR Chapter 20. (42 Ky.R. 1422; 2219; 2370; eff. 3-4-2016.)