
Tuberculosis Laws and Regulations for Nursing Homes

WAC 388-97-1360 Surveillance, management and early identification of individuals with active tuberculosis.

1. The nursing home must develop and implement policies and procedures that comply with nationally recognized tuberculosis standards set by the Centers for Disease Control (CDC), and applicable state law. Such policies and procedures include, but are not limited to, the following:
 - a) Evaluation of any resident or employee with symptoms suggestive of tuberculosis whether tuberculin skin test results were positive or negative;
 - b) Identifying and following up residents and personnel with suspected or actual tuberculosis, in a timely manner; and
 - c) Identifying and following up visitors and volunteers with symptoms suggestive of tuberculosis.
2. The nursing home must comply with chapter 49.17 RCW, Washington Industrial Safety and Health Act (WISHA) requirements to protect the health and safety of employees.

WAC 388-97-1380 Tuberculosis — Testing required.

1. The nursing home must develop and implement a system to ensure that facility personnel and residents have tuberculosis testing within three days of employment or admission.
2. The nursing home must also ensure that facility personnel are tested annually
3. For the purposes of WAC [388-97-1360](#) through [388-97-1580](#) "person" means facility personnel and residents.

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

The nursing home must ensure that all tuberculosis testing is done through either:

1. Intradermal (Mantoux) administration with test results read:
 - a) Within forty-eight to seventy-two hours of the test; and
 - b) By a trained professional; or
2. A blood test for tuberculosis called interferon-gamma release assay (IGRA).

WAC 388-97-1440 Tuberculosis — No testing.

The nursing home is not required to have a person tested for tuberculosis if the person has:

1. A documented history of a previous positive skin test results;
2. A documented history of a previous positive blood test; or
3. Documented evidence of:
 - a) Adequate therapy for active disease; or
 - b) Completion of treatment for latent tuberculosis infection preventive therapy.

WAC 388-97-1460 Tuberculosis — One test.

The nursing home is only required to have a person take one test if the person has any of the following:

1. A documented history of a negative result from a previous two step test done no more than one to three weeks apart;
or
2. A documented negative result from one skin or blood test in the previous twelve months.

WAC 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:

1. An initial skin test within three days of employment; and
2. A second test done one to three weeks after the first test.

WAC 388-97-1500 Tuberculosis — Positive test result.

When there is a positive result to tuberculosis skin or blood testing the nursing home must:

1. Ensure that the person has a chest X ray within seven days;
2. Evaluate each resident or person with a positive test result for signs and symptoms of tuberculosis; and
3. Follow the recommendation of the person's health care provider.

WAC 388-97-1520 Tuberculosis — Negative test result.

The nursing home may be required by the public health provider or licensing authority to ensure that persons with negative test results have follow-up testing in certain circumstances, such as:

1. After exposure to active tuberculosis;
2. When tuberculosis symptoms are present; or
3. For periodic testing as determined by the health provider.

WAC 388-97-1540 Tuberculosis — Declining a skin test.

The nursing home must ensure that a person take the blood test for tuberculosis if they decline the skin test.

WAC 388-97-1560 Tuberculosis — Reporting — Required.

The nursing home must:

1. Report any person with tuberculosis symptoms or a positive chest X ray to the appropriate health care provider or public health provider;
2. Follow the infection control and safety measures ordered by the person's health care provider, including a public health provider;
3. Institute appropriate measures for the control of the transmission of droplet nuclei;
4. Apply living or work restrictions where residents or personnel are, or may be, infectious and pose a risk to other residents and personnel; and
5. Ensure that personnel caring for a resident with suspected tuberculosis comply with the WISHA standard for respiratory protection found in chapter [296-842 WAC](#).

WAC 388-97-1580 Tuberculosis — Test records.

The nursing home must:

1. Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the nursing home;
2. Make the records readily available to the appropriate health authority and licensing agency;
3. Retain the records for eighteen months beyond the date of employment termination; and
4. Provide the person a copy of his/her test results.

WAC 388-97-1600 Care of residents with active tuberculosis.

1. When the nursing home accepts the care of a resident with suspected or confirmed tuberculosis, the nursing home must:
 - a) Coordinate the resident's admission, nursing home care, discharge planning, and discharge with the health care provider;
 - b) Provide necessary education about tuberculosis for staff, visitors, and residents; and
 - c) Ensure that personnel caring for a resident with active tuberculosis comply with the WISHA standards for respiratory protection, chapter [296-842](#) WAC.
2. For a resident who requires respiratory isolation for tuberculosis, the nursing home must:
 - a) Provide a private or semiprivate isolation room:
 - i. In accordance with WAC [388-97-2480](#);
 - ii. In which, construction review of the department of health determines that room air is maintained under negative pressure; and appropriately exhausted, either directly to the outside away from intake vents or through properly designed, installed, and maintained high efficiency particulate air (HEPA) filters, or other measures deemed appropriate to protect others in the facility;
 - iii. However, when a semiprivate isolation room is used, only residents requiring respiratory isolation for confirmed or suspected tuberculosis are placed together.
 - b) Provide supplemental environment approaches, such as ultraviolet lights, where deemed to be necessary;
 - c) Provide appropriate protective equipment for staff and visitors; and
 - d) Have measures in place for the decontamination of equipment and other items used by the resident.