

## Tuberculosis Prevention

### Requirement for Birthing centers

ISDH HCQRS: Program Advisory Letter

Number: **AC-2021-01-BC**

Effective Date: January 01, 2022

Created: December 6, 2021

Cancels: None

Reviewed: n/a

Revised: n/a

#### **ADVISORY SUMMARY**

- **Effective Date: January 01, 2022**
- **This advisory letter sets out the expectations for Indiana licensed birthing centers for preventing the transmission of Mycobacterium tuberculosis.**
- **To become exempt from the rules at 410 IAC 27-8-2 a birthing center must adopt and implement a nationally recognized standard for the control and prevention of Tuberculosis.**

Background: The rules for birthing centers have long held prescriptive requirements related to testing and screening for tuberculosis. These prescriptive rules have not remained current as guidance has changed over time related to the prevention of tuberculosis.

Analysis: The guidance for the prevention and transmission of tuberculosis has changed significantly over time to the extent that the prescriptive guidance is out of sync with current guidance. Additionally, the prescriptive nature of the rules does not provide centers the latitude to adjust infection control practices to meet the situational status of the center. It is the intent of this advisory letter to remove regulatory barriers and provide centers the ability to adjust infection control procedures and processes to meet the level of intervention needed based on the center's risk. The applicable rules currently in place are:

**410 IAC 27-8-2 Employee health monitoring**

Authority: IC 16-21-1-7; IC 16-21-2-2.5

Affected: IC 16-21-1

Sec. 2. The center shall ensure that all employees, staff members, persons providing care on behalf of the center, and contractors having direct patient contact are evaluated for tuberculosis and documentation as follows:

- (1) Any person with a negative history of tuberculosis or a negative test result must have a baseline two (2) step tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual has documentation that a tuberculin skin test has been applied at any time during the previous twelve (12) months and the result was negative.
- (2) The second step of a two-step tuberculin skin test using the Mantoux method must be administered one (1) to three (3) weeks after the first tuberculin skin test was administered.
- (3) Any person with a documented history of tuberculosis, documented previously positive test result for tuberculosis, documented completion of treatment for tuberculosis, or newly positive results to the tuberculin skin test must have one (1) chest radiograph to exclude a diagnosis of tuberculosis.
- (4) After baseline testing, tuberculosis screening must be completed annually and must include at a minimum a tuberculin skin test using the Mantoux method or a quantiferon-TB assay unless the individual was subject to subdivision (3) of this subsection [subdivision (3)].
- (5) Any person having a positive finding on a tuberculosis evaluation may not work in the center or provide direct patient contact unless approved by a physician to work.
- (6) The center must maintain documentation of tuberculosis evaluations showing that any person working for the birthing center or having direct patient contact has had a negative finding on a tuberculosis examination within the previous twelve (12) months

**Policy:** To allow centers to maintain control and prevention of Tuberculosis in the least restrictive and most cost-effective manner, the ISDH is issuing a blanket waiver exempting centers from current regulatory requirements and instituting an alternative method to achieve the intended outcome of 410 IAC 27-8-2. To be exempt from 410 IAC 27-8-2 the center must formally adopt a nationally recognized standard; implement and follow the standard as written. Should a center fail to meet the exemption requirement, a deficient practice citation will be written at 410 IAC 27-8-2.

Questions about this program advisory letter may be addressed to Jennifer Hembree, Program Director, (317) 232-3095, email: [jhembree@isdh.in.gov](mailto:jhembree@isdh.in.gov) ; or Randy Snyder, Division Director, (317) 233-1286, email: [rsnyder1@isdh.in.gov](mailto:rsnyder1@isdh.in.gov).

Approved by:

/s/

Amy Kent, Assistant Commissioner  
Consumer Services and Health Care Regulation Commission  
Indiana Department of Health