Government of **Western Australia**
Department of **Health**

Policy Frameworks
Mandatory Policy
MP 0188/24
Effective from: 26 November 2024

Staff Screening for Tuberculosis Policy

1. Purpose

The *Staff Screening for Tuberculosis (TB)* Policy (the policy) outlines the requirements and management to minimise the risk of TB transmission in high risk workplaces within the healthcare system. Prior to commencing employment or clinical placement, staff and students who are exposed to TB in the course of their work are required to undergo mandatory screening to assess their baseline TB status.

TB is a notifiable infectious disease and reporting of cases of active disease is a mandatory requirement pursuant to Part 9, Division 2 *Public Health Act 2016*. Latent TB does not need to be notified.

TB is a curable bacterial disease, spread by extended contact with airborne droplets that are transmitted through sneezing and coughing. Initial exposure to TB usually results in the immune system controlling the infection and the TB remaining inactive in the body and not causing disease. This latent tuberculosis infection (LTBI) is asymptomatic and not infectious. Approximately five to ten percent of individuals with LTBI reactivate to develop TB disease. This can occur months to years later. Undertaking baseline screening for TB identifies people who have LTBI who can then be offered preventative treatment.

TB is uncommon in Australia and rare in staff members working in a clinical setting. However, even in a low incidence setting, occasional exposure is inevitable and there is reliable evidence demonstrating the increased risk of acquiring TB infection and disease among health care staff. Baseline assessment of TB status is useful for a post exposure assessment. In addition, the increasing numbers of staff recruited from countries with high TB incidence means that there is an increased risk that these staff will have acquired TB infection before arrival and may subsequently develop TB in Australia.

The North Metropolitan Health Service oversees the Western Australia TB Control Program (WATBCP) on behalf of the WA health system. This service provides specialist clinical and public health management for all cases of TB including advice and guidance on WA health staff pre-employment assessment and post exposure management.

Inclusion of students in this policy is in accordance with MP 0026/16 *Student Clinical Placement Agreement Policy* which outlines the minimum requirements for Health Service Providers to facilitate clinical placements. This policy is also consistent with the *Work Health and Safety Act 2020*.

This policy is a mandatory requirement for Health Service Providers under the *Public Health Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016*.

This policy supersedes OD 0342/11 Tuberculosis and Health Care Worker.

2. Applicability

This policy is applicable to all Health Service Providers.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Providers. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

Health Service Providers (HSPs) must ensure all the following requirements are undertaken.

3.1 Pre-employment screening

All Staff who are identified as having an infection risk in the N10 Pre-Employment Health Assessment (PEHA) are to complete Part B (c) of the N10 PEHA. This risk assessment will determine if further testing is required. Staff who require a screening test for LTBI shall have a tuberculin skin test (TST) or an interferon gamma release assay (IGRA), such as the QuantiFERON® TB Gold assay. The TB assessment, with or without screening, does not need to be repeated if the staff member moves between HSPs.

All Staff who have a positive pre-employment screen indicating LTBI are to be referred to a physician with expertise in TB to be considered for preventative therapy.

Staff suspected of having or are diagnosed with TB disease are to be referred to a physician with expertise in TB for diagnosis and or treatment.

Any Staff who refuse to undertake the TB risk assessment or decline referral to a specialist must be educated and counselled and have their refusal documented.

3.2 Routine recurrent screening

Each HSP is to identify their high risk areas for occupational TB exposure (see Section 7 Definitions) where staff may have regular or high risk of contact with TB patients and / or specimens and ensure Staff working in these designated areas undergo annual TB screening. Staff with no previous record of a PEHA must have a baseline assessment completed prior to commencing work in the area.

The WA *TB Guideline* states that TST is the preferred test for annual TB screening. However, it is recognised that this may be pragmatically difficult. Therefore, QuantiFERON is accepted as suitable alternative, recognising the potential disadvantages of using QuantiFERON that are outlined in the *Guideline*.

Staff with:

- a negative pre-employment or baseline screening test are to be offered LTBI testing (TST or IGRA) annually
- a positive pre-employment or baseline screening test are to be referred to a physician with expertise in TB
- an initial negative pre-employment baseline screening test that is now positive, indicating conversion, are to be referred to a physician with expertise in TB for review.

3.3 Post exposure contact tracing

Prior to any contact tracing being undertaken, the infectiousness of the index case that Staff were exposed to must be assessed by a physician with expertise in TB. Contact tracing of staff who are exposed to an infectious case of TB through the course of their work must undergo a risk assessment e.g. prolonged contact with the patient without the Staff member using appropriate personal protective equipment. This assessment is to be performed by the infection prevention and control or work health and safety staff in consultation with the physician with expertise in TB and / or the WATBCP.

The post exposure testing used shall be the same as the staff members pre-employment screening test (TST or IGRA). Reference to the pre-employment or baseline result aids interpretation of the post exposure result by more clearly determining if conversion, and therefore new infection, has occurred.

3.4 Record Keeping

All documentation must be stored in accordance with *MP 0015/16 Information Access, Use and Disclosure Policy*.

HSPs must record all Staff results including pre-employment, recurrent testing and any referrals for medical management of TB, in a system that allows for transfer of information to other HSPs, if required.

4. Compliance Monitoring

The Infection Prevention Policy and Surveillance Unit, on behalf of the System Manager will monitor compliance with the requirements of this policy by requesting HSPs report annually the number of:

- new Staff screened for TB as part of the pre-employment health assessment
- staff who work in an area with high potential of risk of TB exposure screened annually
- staff with a positive screening result referred to a physician with expertise in TB at the HSP and/or WATBCP
- staff contact traced following exposure to TB in the workplace.

5. Related Documents

The following documents are mandatory pursuant to this policy:

- N10 Pre-Employment Health Assessment (PEHA)
- Assessment Proforma for Staff working in High Risk Areas for occupational TB exposure

6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- Guidelines for Tuberculosis Control in Western Australia. North Metropolitan Health Service
- Department of Health and Aged Care | National Tuberculosis Advisory Committee Guideline: Management of Tuberculosis Risk in Healthcare Workers in Australia

- Australian Guidelines for the Prevention and Control of Infection in Healthcare
- Tuberculosis – CDNA National Guidelines for Public Health Units | Australian Government Department of Health and Aged Care

7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
High risk areas for occupational TB exposure	High risk areas are healthcare locations where Staff may have regular or high risk of contact with TB patients and/or specimens. These include: • clinics who see TB patients • respiratory wards or clinics • mycobacteriology laboratories • bronchoscopy units or sputum induction clinics • postmortem examinations
Interferon Gamma Release Immunoassay (IGRA)	A blood test that detects host cell mediated immune responses to TB specific antigens secreted by *M. tuberculosis*. The QuantiFERON-TB Gold Plus test is used in WA.
Latent TB Infection (LTBI)	When a person is infected with *Mycobacterium tuberculosis (M. tuberculosis*) but does not have active tuberculosis. It is not contagious, and the individual has no symptoms of disease.
N10 Pre-employment Health Assessment Form	The form with questions relating to the Staff current health status, past medical history, and immunity status.
Pre-employment Health Assessment (PEHA)	A risk assessment process undertaken to assess and screen prospective Staff for risk factors that may limit their ability to perform a job safely and effectively. Assessment includes health, medical and immunisation screening and review.
QuantiFERON® TB Gold assay	A commercially available Interferon Gamma Release Immunoassay (IGRAs)
Tuberculin Skin Test (TST)	Indirect test that indicates sensitisation or the cellular immune response to mycobacterial antigens and cannot distinguish between individuals with latent TB infection, TB disease or past TB infection.
Staff member	As stated in the *Health Services Act 2016*, a Staff member of a Health Service Provider, means (a) An employee in the Health Service Provider (b) A person engaged under a contract for services by the Health Service Provider.
WA health system	The WA health system is comprised of: i. the Department ii. Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child

	and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services) iii. contracted health entities, to the extent they provide health services to the State.

8. Policy Contact

Enquiries relating to this policy may be directed to:
Title: Program Manager, Infection Prevention Policy and Surveillance Unit
Directorate: Communicable Disease Control Directorate
Email: IPPSU@health.wa.gov.au

9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0188/24	26 November 2024	November 2027	Original version

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

Approval by	Nicole O'Keefe, Assistant Director General, Strategy and Governance, Department of Health
Approval date	22 November 2024

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