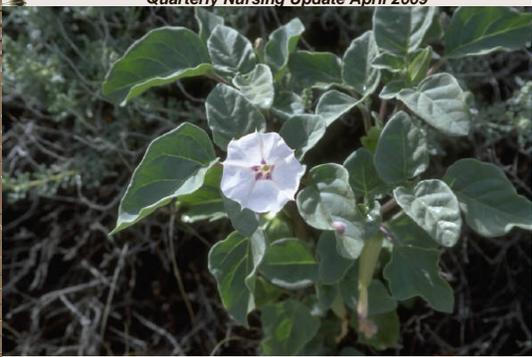


**Good Morning!**  
Quarterly Nursing Update April 2009



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**The New TB Regulations**



Mycobacterium tuberculosis

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**New TB Regs**

- Number has been changed to 633.14
- Changes to who must be tested, and how often.
- Applies to CERTIFIED facilities.



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**Service provider testing**

- Who has to be tested?
  - employees
  - volunteers, including students, interns and senior companions
  - Independent contractors and persons employed by contractors who will be reasonably anticipated to have direct contact with service recipients
  - family care providers and
  - approved substitute/respice providers

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**Service Provider Testing**

- When do they have to be tested?

Prior to their first day of employment or service provision
- How do they need to be tested?
  - Two Step PPD unless the person has documented evidence of a TST within the last twelve (12) months. OR
  - Blood assay such as Quantiferon Gold

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**Service Provider Testing**

- How often do they need to be tested?
  - In a developmental center once a year
  - In all other settings only if there is a known exposure

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## ***Service Recipient Testing/Evaluation***

### **Who has to be tested?**

Any person receiving services from a developmental center or a facility certified by OMRDD.

### **When do they need to be tested?**

- assessed for signs and symptoms of active pulmonary tuberculosis prior to their first day of receipt of service and
- TB testing must be carried out no later than the first day of receipt of service.

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## ***Service Recipient Testing***

### **• How do they need to be tested?**

– Two Step PPD unless the person has documented evidence of a TST within the last twelve (12) months. OR

– Blood assay such as Quantiferon Gold

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## ***Service recipient testing***

### **• How often do they need to be tested?**

– In a developmental center once a year

– In all other settings only if there is a known exposure

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## Evaluation of past positives

- **When do they need evaluated?**
  - Prior to the first day of service receipt /employment or service provision and if there is a known exposure
- **How should they be evaluated?**
  - RN conducts a general evaluation taking into account any present signs/symptoms and history since the person's last TB test or evaluation.
  - Based on the evaluation the RN may refer the person to a physician, nurse practitioner or physician's assistant for a formal diagnostic evaluation to exclude active pulmonary tuberculosis.
  - **Routine chest x-ray examinations are not required.**

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## Evaluation of significant result



- **Initial:**
  - Service provider: cannot start work until medically cleared
  - Service recipient:
    - Immediately evaluated by an RN, MD, PA
    - No s/s of active TB: maintain normal activities but must be evaluated within 5 days
    - With s/s of active TB, immediately transported to an acute care facility for evaluation and/or treatment.

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## Refusals

- **Employee:** incompatible with initial or further employment.
- **Service recipient:** incompatible with initial or further receipt of services from a service provider.
  - does not include those service recipients who are making a good faith effort to comply with testing requirements.

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## ***Other provisions***

- **Requires**
  - Any suspected or confirmed case of TB must be reported to the LDOH and OMRDD.
  - cooperation with contact investigation and other DOH activities related to exposure management
  - a TB control plan
  - Annual training for employees
  - Documentation of all suspected or confirmed cases of TB

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## ***So where is it?***

- Draft regulation is being reviewed by DDSO management, Voluntary agencies, the provider associations and the Willowbrook parties.
- Comments due back by April 30, 2009



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## ***What's next?***

- OMRDD will review any comments received and decide if any changes are needed.
- The draft regulation will be submitted to the Governor's Office of Regulatory Reform and will be put through the State Administrative Procedures Act (SAPA) process.
- Hopefully an approved regulation by fall.



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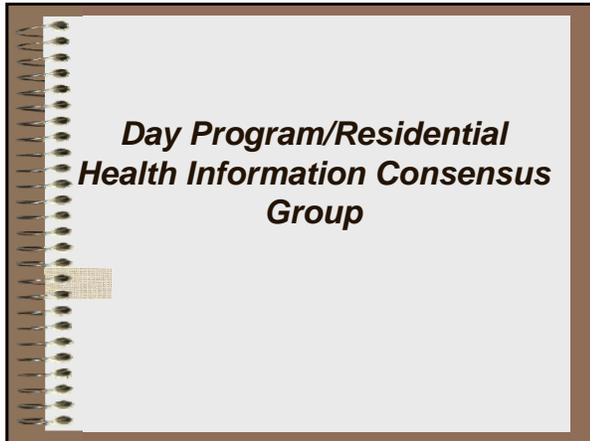
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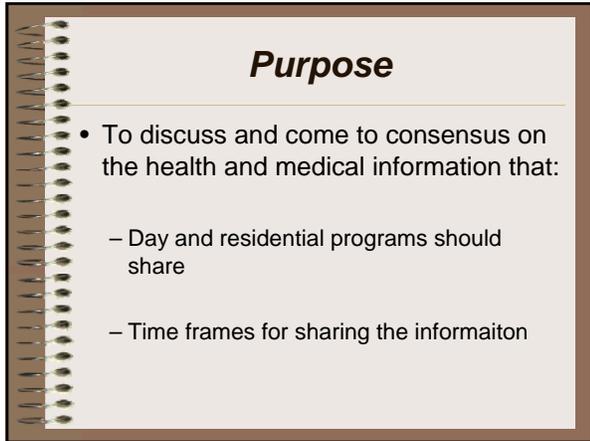
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### ***Bowel Management***

- **SOME** consumers are at increased risk for constipation, fecal impaction and bowel obstructions.
- Risk factors include:
  - **Decreased mobility**
  - **Certain medications**
  - **Laxative dependency**
  - **Diseases that affect the bowel**

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## **NOT EVERYONE NEEDS A BOWEL MANAGEMENT PROGRAM!!**

An illustration of a calendar with a pencil and a red scribble. The calendar is shown in a blue oval frame, with a pencil lying across it. A red scribble is drawn over the calendar, suggesting a schedule or a specific day.

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### ***Who needs a bowel management program?***

- Anyone with an order for routine laxatives such as Miralax, GlycoLax
- Anyone with a prn order for bowel management medication. E.g.:
  - “MOM 30cc PO at HS if no bowel movement in 72 hours”
- Anyone with a history of fecal impaction and/or bowel obstruction.

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### ***Documentation of bowel management program***

- Accurate tracking is essential for persons who require a bowel management program.
- Need to document the effectiveness/ineffectiveness of bowel management program.
- Need to know when to give any PRN medication.
- Need to evaluate the effectiveness of PRN medications.



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### ***How to track?***

- Traditional bowel tracking sheet
- What about the non-cooperative consumer?

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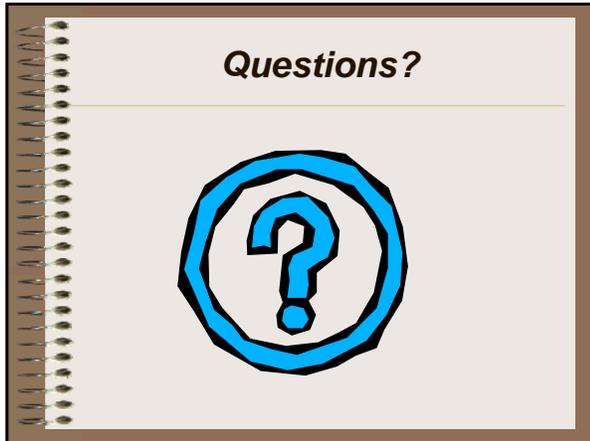
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