Good Morning!
Quarterly Nursing Update April 2009

The New TB Regulations

Mycobacterium tuberculosis

New TB Regs

• Number has been changed to 633.14
• Changes to who must be tested, and how often.
• Applies to CERTIFIED facilities.
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/respite providers

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

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
**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.

**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

**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
**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.*

**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.

**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.
**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

**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

**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.
Day Program/Residential Health Information Consensus Group

Purpose

- To discuss and come to consensus on the health and medical information that:
  - Day and residential programs should share
  - Time frames for sharing the information

Composition

- Chair: Fred Wetzel, OMRDD DQM
- Registered Professional Nurses:
  - Mix of residential and day nurses
  - Mix of state and voluntary agency employed
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

Not everyone needs a bowel management program!!
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.

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.

How to track?

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

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