**44:70:04:10.  Tuberculin screening and testing requirements.** Each facility shall develop criteria to screen healthcare personnel and residents for *Mycobacterium* tuberculosis (TB) based on the Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. Each facility shall establish policies and procedures for conducting TB risk assessment that include the key components of responsibility, surveillance, and containment. The frequency of repeat screening depends upon annual facility risk assessment results. Any resident identified as asymptomatic upon admission as short stay or anticipated stay of thirty days or less is not required to have a tuberculin skin test or a TB blood assay test.

Tuberculin screening requirements for healthcare personnel and residents are as follows:

(1)  Each healthcare personnel or resident shall receive an initial individual TB risk assessment that is documented and the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within twenty-one days of employment or admission to a facility. Any two documented tuberculin skin tests completed within a twelve-month period prior to the date of admission or employment are considered two-step. A TB blood assay test completed within a twelve-month period prior to the date of admission or employment is an adequate baseline test. Skin testing or TB blood assay tests are not necessary if a new healthcare personnel or resident transfers from one licensed healthcare facility to another licensed healthcare facility within this state if the facility received documentation from the transferring healthcare facility, healthcare personnel, or resident, of the last skin or blood assay TB testing having been completed within the prior twelve months. Skin testing or TB blood assay tests are not necessary if documentation is provided by the transferring healthcare facility, healthcare personnel, or resident, of a previous positive reaction to either test. Any healthcare personnel or resident who has a newly recognized positive reaction to the skin or TB blood assay test must have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease;

(2)  Each healthcare personnel or resident who provides documentation of a positive reaction to the tuberculin skin or a TB blood assay test must have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;

(3)  Each healthcare personnel or resident with a history of a positive reaction to the tuberculin skin test or TB blood assay test must be evaluated annually by a physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of TB. If this evaluation results in suspicion of active tuberculosis, the healthcare personnel or resident must be referred for further medical evaluation to confirm the presence or absence of tuberculosis; and

(4)  Each healthcare personnel or facility resident identified at increased risk for TB because of an occupational risk or current or planned immunosuppression shall receive an annual TB risk screening.

**Source:** 38 SDR 115, effective January 9, 2012; 46 SDR 65, effective November 26, 2019; 50 SDR 19, effective August 30, 2023.

**General Authority:** SDCL 34-12-13(1)(5), 34-22-9.

**Law Implemented:** SDCL 34-12-13.

**Reference:** Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. "Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report," May 17, 2019 / 68(19); pages 439–443. Copies are available at no cost at <https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm>.