**44:73:04:12.  Tuberculin screening requirements.** Each facility shall develop criteria to screen healthcare workers or residents for *Mycobacterium* tuberculosis (TB) based on the guidelines issued by Centers for Disease Control and Prevention. Each facility shall establish policies and procedures for conducting *Mycobacterium* tuberculosis risk assessment that include the key components of responsibility, surveillance, containment, and education. The frequency of repeat screening shall depend upon annual risk assessments conducted by the facility.

Tuberculin screening requirements for healthcare workers or residents are as follows:

(1)  Each new healthcare worker or resident shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment or admission to a facility. Any two documented tuberculin skin tests completed within a 12 month period prior to the date of admission or employment can be considered a two-step or one blood assay TB test completed within a 12 month period prior to the date of admission or employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not necessary if a new employee or resident transfers from one licensed healthcare facility to another licensed healthcare facility within the state if the facility received documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay test are not necessary if documentation is provided of a previous positive reaction to either test. Any new healthcare worker or resident who has a newly recognized positive reaction to the skin test or TB blood assay test shall have a medical evaluation and a chest X-ray to determine the presence or absence of the active disease;

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

(3)  Each healthcare worker or resident with a history of a positive reaction to the tuberculin skin test or blood assay shall 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 *Mycobacterium* tuberculosis. If this evaluation results in suspicion of active tuberculosis, the person shall be referred for further medical evaluation to confirm the presence or absence of tuberculosis.

**Source:** 28 SDR 83, effective December 16, 2001; 29 SDR 81, effective December 11, 2002; 31 SDR 62, effective November 7, 2004; 32 SDR 128, effective January 30, 2006; transferred from § 44:04:04:08.01, 42 SDR 51, effective October 13, 2015.

**General Authority:** SDCL 34-12-13(1)(5)(14), 34-22-9.

**Law Implemented:** SDCL 34-12-13(1)(5)(14).

**Reference:** **Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities, 2005**. "Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report," December 30, 2005, (RR17).