

# TB Education Program

## FREQUENTLY QUESTIONS ASKED BY INSTRUCTORS

<b>Document Storage</b>	<b>How long does a TB instructor have to keep all of their class and participant information?</b> We recommend three years. They may keep them longer, but three years is the minimum.
<b>30-day Class Notice</b>	<b>Do I have to give 30 days' notice?</b> Only if the class is open to the public and you want us to post it on our TB website.
<b>Cancelled Class</b>	<b>What if the course has to be cancelled or the scheduled instructor has to be switched to a different instructor due to a variety of work situations?</b> No problem. We understand this will occasionally happen., If cancelled, you don't need to notify the American Lung Association. The instructor who sends in the roster will get credit for teaching the course.
<b>Co-teaching/Instructors per Student Ratio</b>	<b>Guidelines for when more than one instructor teaches the same class:</b> One instructor can teach up to seven students, but more than that, a second instructor can assist. We wouldn't give credit to two instructors to do the same class with less than seven students. That doesn't mean two instructors can't teach. It means that only one can get credit for it. Please contact the American Lung Association if there are special situations which would allow an exception. Each instructor who co-teaches should complete a roster with his/her name and information on it. The best way to handle this is to split up the students and have some on one roster along with an order for basic cards for those participants and the other instructor do a roster for him/herself with the rest of the participants and send an order for basic cards in his/her name. The reason for this is that when it comes to renewal time, we look to see if they have taught a class and ordered cards for the participants. Without looking at the actual paper copies of the rosters, we rely on our database to see if cards have been ordered. So to avoid that question next year during renewal, it's best for each instructor to submit rosters and orders for basic cards in their names when co-teaching.
<b>Materials Used</b>	<b>Do I have to use the presentation and outlines or can I teach with different materials?</b> The American Lung Association in Indiana's TB Education Program <i>stands firm</i> in our policy that if a participant is to be issued an American Lung Association TB Basic or Instructor Course Card, the curriculum must be that which is approved and either included in the manuals or the presentation we offer. While instructors/trainers are encouraged to supplement the course with information outside of what is provided, we can't substitute the core information from any other source. Please note that the materials we provide are based on Indiana State Department of Health and Centers for Disease Control best practices and include the information you would find in the self-study modules. If you wish to issue an American Lung Association card, you must teach the <i>complete</i> basic course. It gives the participants the opportunity to ask questions and interact with the instructor for better learning. If your facility wishes to do something other than the American Lung Association program, we suggest you contact the Indiana State Department of Health's TB Program to further discuss what other options are possible and keep in line with the state's requirements.

<p><b>Using Only Portions of the TB Program</b></p>	<p><b>One of my clients allows their employees to take an online class and then just get their skills checked off. Is this acceptable?</b> No. The entire Basic TB Education Program must be taught; you cannot do part of it with some other program and then just do the testing from our program. We understand the need to reduce training time; however, our TB Program requires using the Centers for Disease Control video, the Powerpoint presentation, pre- and post-tests and TST demonstration. We have not put this program into an electronic version as of yet; and unfortunately, American Lung Association copyright makes it impossible for you to do this. There has been some initial discussion to move the presentation to an online program, allowing people to review the presentation and take the written exam and only requiring face-to-face teaching for the skills test. However, the task forces that can make these changes are volunteer driven, and the time and resources needed for such a transition are large and currently unavailable. There are some adjustments that could be made. For example, you could provide the Powerpoint presentation, video and pre- and post-tests in larger numbers and have sign-up sheets in 10 or 15 minute intervals to come back and do their skills test.</p>
<p><b>Authorized Use of Materials</b></p>	<p><b>What should _____ American Lung Association materials _____?</b></p> <p>Only active TB instructors through the American Lung Association are authorized to use the Indiana TB Program materials. This program was developed, not only by the American Lung Association and the Indiana State Department of Health, but also by impartial volunteer trainers and an oversight committee. The recommendation came from those impartial individuals was that we not give this program out without being active as to keep it as a proprietary part of the TB Program. Materials cannot be copied.</p>
<p><b>TB Program Use Only in Indiana</b></p>	<p><b>What if I live in a different state? Can I still take the Indiana TB Course?</b> The TB Education Program in Indiana is only authorized for use by health professionals who live in Indiana. We do not allow our program to be used in any other state. If someone is interested in furthering their TB education, he/she can check out the following resources:</p> <ul style="list-style-type: none"> <li>• Free self-study online TB training modules on the Centers for Disease Control website: <a href="http://cdc.gov/tb/education/ssmodules/default.htm">http://cdc.gov/tb/education/ssmodules/default.htm</a>. Nine modules available. You can then go to the continuing education section to register and take a test.</li> <li>• Contact the American Lung Association and the State Department of Health in the state to see what they offer.</li> </ul>
<p><b>Laws Regarding TB Validation</b></p>	<p><b>Does the law require you to have TB certification/validation in Indiana? From the American Lung Association:</b> We strongly recommend being trained in our TB Program. It is not a state law; however, it is kind of like driving a car without insurance. You can do it, but it wouldn't be a good idea. Many people think they know how to give and read a TB test, but they are amazed after going through our training and always tell us they learned so much. It is education worth the taking and makes you more valuable to your employer. We have courses all over the state of Indiana, and you can find upcoming courses by logging onto our website at <a href="http://www.LungIN.org">www.LungIN.org</a>. Click on the Program and Services section in the blue box on the left. Then you will see a paragraph about TB in the middle of the page. Click on the red "more" at the end of the paragraph and that will take you to the TB website where you can find a list of upcoming TB Basic Courses. Long-term care facilities have different requirements. You should check with the Indiana State Department of Health at 317-233-7434.</p> <p><b>From the Indiana State Department of Health:</b> The law does not mandate it. The law under the Nurse Practice Act requires that nurses only perform procedures for which they have been trained. Some nurses have been trained either in their nursing school days or at other jobs. However, I strongly encourage nurses to be validated every three years, because there is new information and it is a good competency check in case there is ever an issue concerning the nurse being updated and competent to do the TST. Not all agencies have laws which require them to be validated, such as private doctor's office if they are not affiliated with a hospital, etc.</p>

## Who Can Take the Basic TB Course?

### Who is eligible to take the TB Basic Course? Do they have to be a licensed healthcare professional?

Below is an excerpt from the TB Manual and the list of upcoming basic courses which we post on our TB website describing who is eligible to take the Basic TB Course.

This course is designed for, but not limited, licensed healthcare providers who administer, read and record Mantoux tuberculin skin tests. Persons who successfully complete the course will receive a validation card. In agencies or facilities where training is mandated, copies of these cards should be available for survey review. Basic TB validation cards will expire in three (3) years. A revalidation course will need to be completed for a new card.

If someone needs to give and read TB tests as part of his/her job, he/she can usually take the Basic Course:

- The person taking the course should be under the direction of a physician.
- Correctional officers are not health professionals, but they need to give and read TB tests, they have medical directors overseeing and, therefore, are eligible.
- Medical assistants yes, because it is in the scope of their practice.
- Nursing assistants no, because they are not qualified to give injections.
- A phlebotomist or other healthcare professional who will be doing TB tests as part of his/her job
- Follow the policy at the place of employment and/or check with company legal counsel for further information.

From time to time, we have someone such as an human resources executive or administrative assistant want to take the program just to get a better understanding, but they would not be eligible because they will not be administering, reading and recording TB skin tests.

Note: Our guidelines used to say, "RN, LPN or MD". Anyone can take the Basic Course.

American Lung Association Stance on Who Can Take Basic Course: We frequently get questions on who can and cannot take the Basic Course. Nursing assistants? Doctors? Medical Assistants? Is it required? What are the laws?

The American Lung Association in Indiana does not dictate who can, should and cannot take the Basic Course. It is up to the facility's policies as to who can make use of the course using the State of Indiana TB guidelines.

Statutes regarding who needs to be validated in the TB program in Indiana are generated from the State Department of Health, Tuberculosis Division and the regulation would be enforced by them as well. If you have questions, you may contact the Indiana State Department of Health, Tuberculosis Division at 317-233-7434.

## Can an EMT Become an Instructor?

### Responses from our trainers:

- Having been an EMT and a Paramedic, my initial response to this question would be, "No," for an EMT-D (or basic) because they do not have instruction or designated skills at this level to administer any type of injection based on the curriculum of a Basic EMT-D alone. EMT-A (intermediate) and EMT-P (paramedics) have more advanced skill levels that include intravenous initiation and administration, pharmaceutical administration including narcotics and paralytics, etc. and this would put them in an entirely different knowledge category. I would say, "Yes," to EMT-A's and EMT-P's.
- EMT's are not licensed, they are certified. "No" would be the answer.
- According to our instructor manual, page 7 and 78, "Anyone with a professional license and/or a four-year degree in a health-related field," may become an instructor.
- It comes down to the difference between licensed and certified.

## Can TB Test be Read by Someone Different?

**Can TB test be read by someone who did not plant?** The staff at our facility is certified using American Lung Association standards. Occasionally, we have someone come into our clinic that had a TB placed at another facility, and they ask us to read the TB for them. Are there any issues with us reading a TB when it is unknown if the person giving the test is certified? The last I heard, it is not a state requirement that the person giving or reading the test be certified. Is that still the same?

### Responses from our Trainers:

- If the patient comes with a facility documented time/date given, we will read the TST and document the time/results. Our facility, however, does not accept someone else reading a skin test that we administered. If the individual opts to have the test read somewhere else, we will document “did not return the reading” on the card.
- No one is “certified,” that would imply a standardized program nationally. Nor does the state require that persons giving, reading and recording take the American Lung Association in Indiana course prior to doing so. If does, however, require that healthcare personnel working in extended care facilities have some appropriate training. Finally, healthcare professionals in Indiana are charged by the Nurse Practice Act to always perform using best practice. The education provided by the American Lung Association in Indiana TB Education Program meets those criteria. That being said, I personally would not want to read a Mantoux TST unless I was certain the placement had been done correctly. How do you know that there was at least a 6mm wheal when placed by someone else?
- It would be an administrative decision of, and should be a written policy for, that facility to make a decision they would or would not allow staff to read TB tests given at other facilities. It does take an employee’s time away from usual duties and, unfortunately, what begins as a very small favor can turn into a big demanding headache. Facilities may choose to do it because it’s good advertising. People get used to coming in and become familiar with the facility. It also works for recruiting. It is humanitarian and, of course, helps with the business of controlling TB.
- When a person is reading a TB skin test is not the person who planted it, then the reading and signature only represent what the reader saw on that day and at that time. I would suggest that you ask for a photo ID if you do not know the person, and be sure you are reading the arm of the individual whose name is listed as the patient. I would also suggest that you look at both arms. If the person asking to be read is doing it as a part of the pre-employment process and the job is vital to them, they may show you an arm that has no reaction because nothing was ever planted on that arm when, indeed, there is a reaction on the opposite arm. Ask questions about how big the bubble was when the test was planted and other questions that would give you confirming information. Know also if there is a significant reaction to the TST you must follow through with getting that person back to the organization that gave it in the first place, and they would need to put the processes and policies in motion for what needs to be done if this person is a converter or TB disease suspect. If you suspect they have TB, then put a mask on them right away.
- So far, the real question being asked has not been answered. It is not a perfect world, and there will be people who want a TB test read that was planted by someone who is not American Lung Association course completed, and you may or may not know that. If you suspect that the test was not planted correctly, then you have a basis to not read it. If you can see as they first walked into the room there is a significant reaction, you have an obligation to find out about that test and give information about what you see. At the very least, use your facility’s policy as a guide if you are acting on your own as a good neighbor. You will be seen by the public as an employee, even if someone approaches you at home. If one asks you to read a test, so will others. Be careful about the precedent that you set. Keep in mind that at home you are not covered by the facility’s insurance.

	<ul style="list-style-type: none"> <li>Remember in the Centers for Disease Control video there is a list of materials you need to read the test which includes a measuring device, good lighting and the documentation of the planting. Another tool you also need, in my opinion, is the three-column TB risk factor page that assists and confirms whether the reaction (induration) being read is significant or not. So when approached at home, you can always say you do not have the proper tools available and cannot read it.*</li> <li>If they have official documentation and it is a reputable place, I have always read them. You could call and ask if that person is validated through the American Lung Association. Some places now are asking that if you are going to have to read somewhere else, that you request a copy of the American Lung Association validation card of the staff member placing the test.</li> </ul>
<p><b>Can QMA Read TB Test?</b></p>	<p><b>Since there is not a criteria for who can give the Mantoux as long as they have gone through the validation process that we do, and a QMA has gone through the process but the scope of practice states that they cannot give an intradermal infection, can they, at least, read them and still be within their scope of practice? Many of them are giving meds and may be working on the day that it needs to be read. Can they read them if they were validated?</b> One of the QMA trainers for ISDH indicated they should not be doing any reading/interpreting or injecting regarding TB testing. If we are consistent with our previous discussion, a person needs to pass all criteria to be validated, including injection, which is outside the QMA scope. Interpreting the results of a TST is an assessment. According to LTC regulations, only licensed personnel can perform assessments, thus a QMA cannot interpret TSTs in the LTC setting.</p>
<p><b>TB Reading Procedures</b></p>	<p><b>Has the reading of the Mantoux mms changed? I got a call from a facility in Muncie yesterday saying that they had heard that now a 5mm reading is considered positive for anyone? I looked on the CDC website and have not seen where anything has changed. A 5mm or more is considered positive for people with HIV, recent contacts of a TB case, persons with fibrotic changes on chest x-ray, consistent with old healed TB and patients with organ transplant and those immunocompromised.</b> No. If there were any changes, we would communicate them immediately to everyone in our TB program in Indiana. Below are responses from some of our TB trainers:</p> <ul style="list-style-type: none"> <li>No changes that I am aware of. I still use the “dot” chart of 5-10-15mm based on risk factors in my classes.</li> <li>Some facilities choose to have anything 5mm or over “checked out” to get a better history and follow-up by proper staff, but they do not say that it is positive. It is policy of some institutions as a precaution to make sure someone does not fall through the cracks by someone not properly getting all the necessary information.</li> <li>We give new instructors a chart. It’s in the manual. There are seven questions on the post-test, etc.</li> </ul>
<p><b>Educational Requirements for Annual Renewal</b></p>	<p><b>What will be educational requirements be for renewal?</b> An educational requirements for the TB program annual renewal only applies to the years we have a symposium. Our goal is to increase TB knowledge of our instructors, so those who do not attend are required to do some education. The next symposium will be in the spring of 2015.</p>
<p><b>Live Vaccine</b></p>	<p><b>Why we are not supposed to be placing PPD until four to six weeks after the placement of a live vaccine? We are looking at changing our plan for discharge in the hospital to ECF.</b> Go to the CDC site and look up the MMWR titled, “General Recommendations on Immunization,” dated January 28, 2011. It is a 64-page document, but the “Reader’s Digest” answer to this question is because other live vaccines can reduce the efficacy of the TST. Quick link to the document is <a href="http://www.cdec.gov/vaccines/pubs/ACIP-list.htm">http://www.cdec.gov/vaccines/pubs/ACIP-list.htm</a>.</p>

\*Resources: American Lung Association in Indiana, Indiana State Department of Health and Centers for Disease Control materials, experience and my opinion

<p><b>Antigen</b></p>	<p><b>How long is antigen good in the syringe? We give TB Skin Tests in the hospital setting. I know that the antigen needs to be protected from light and 30-day shelf life after opening. Our phlebs draw up the antigen in the lab and then go to the floor to administer. Their question is how long is the antigen good in the syringe before placing the skin test? Responses from trainers are listed below:</b></p> <ul style="list-style-type: none"> <li>● It should be administered as soon as possible after drawing up the solution to prevent it from adhering to the inside of the syringe.</li> <li>● We would advise your phlebotomists to go to the floor to draw the antigen to avoid any problems.</li> <li>● I always heard 20-30 minutes and should be kept cool. According to nursing teaching though, only the person drawing up the medication should deliver it and never let it out of your sight. The more you carry it around, the more likely for contamination, too.</li> <li>● I think that it is a question only the manufacturer of the antigen and the syringe manufacturer could answer. Having said that, we teach in the Basic Course that because of the issue of maintaining sterility of the syringes and the antigen, it is to be drawn up just before it is given. The issue at hand is, if you do not have your eyes on the syringe, then you cannot say it has remained sterile. In this day and age of everyone feeling they are privileged to look at, touch and pull apart anything they see, there is no sterility once you walk away from an unprotected syringe. There is even a question on the Basic Course test that addresses that issue.</li> </ul>
<p><b>How to Acquire Antigen</b></p>	<p><b>Where can an individual get the solution to test for TB?</b> Through their hospital, clinic or organization. A physician must prescribe the antigen solution (either Tubersol or Aplisol; state prefers Tubersol). Instructors cannot just buy a medication from a pharmacy.</p>
<p><b>Minors</b></p>	<p><b>What are the policy/procedures regarding Mantoux for people 18 and younger? Do they need a signed adult consent? Responses from our trainers are listed below:</b></p> <ul style="list-style-type: none"> <li>● In some institutions, all persons under the age of 18 years old, unless an emancipated minor, must have parental consent.</li> <li>● They are the same as anyone. We only do targeted testing, i.e., following a known exposure or for some other specified reason.</li> <li>● This could be considered an invasive procedure and, in certain settings where possibility of lawsuit is high, it is recommended to get a signed consent on the administration form. If the person is under 18 and not emancipated, an adult must sign.</li> <li>● Mantoux can even be given to infants. There is a different dose that can be used.</li> <li>● Consent forms should be used for each immunization.</li> </ul>
<p><b>Instructor Keeping Up the Basic Validation Card Active</b></p>	<p><b>Does an instructor have to keep up the Basic Validation Card?</b> No. As long as they keep their instructor status active, they do not need to revalidate their Basic Card. If the instructor status was no longer effective, the guidelines of the Basic Validation would need to be followed. If their Basic Validation Card had expired during the time they were an active instructor, they would need to retake the Basic Course to regain the Basic Validation Card if they wish to use the American Lung Association TB Program.</p>

### Allen County TB Program

**Can someone who took the basic Allen County program, take our instructor course?** No. The TB Education Program from the American Lung Association in Indiana is different than the Allen County TB Program.

- If someone took the Basic TB Course from us, he/she would need to take the basic revalidation from us as well. A person cannot switch back and forth between programs.
- As an instructor of the American Lung Association TB Program, you should only be teaching our revalidation course to someone who has taken our Basic TB Course.
- If someone takes a TB class from the Allen County TB program, they cannot be revalidated in the American Lung Association in Indiana program. Nor can they become an instructor with our TB program, unless they start with our Basic TB Course.

### TB in Long-Term Care

**I work long-term care, practice here is if a patient goes to the hospital longer than three days, repeat the TB test. When should TB tests be repeated? They all get one annually from admission date, then second step. OK, we have a MS patient that ends up in the hospital monthly with UTI, sepsis, etc. they give TB tests almost monthly. Can you send me guidelines? I have searched the CDC site and many state guidelines to no avail. Can you tell me where to find this answer? (Can't read first line.)**

- I think the rule for long term care facilities is that the patient must be proven to be not infectious upon admission (or re-admission). I am not always up-to-date with the latest state regulations, but I think retesting each hospital visit would only apply to persons who have known exposure while in the hospital or a patient with active \_\_\_\_\_.
- The infection risk from all those unnecessary intradermal sticks is greater than the TB transmission risk. Very antiquated and totally overkill.
- This is one of the more ridiculous policies I have read. It's a definite CYA by the facility that doesn't really serve any purpose. It is incorrect on more levels than I can address in a brief email.
- Who came up with that policy? Where's the common sense that goes along with any hospital admission? So many things need to factor into that equation, but most importantly, what is the risk level of the hospital the patient is being admitted to? If it is a low risk facility, the CDC/State does not require annual TSTs on their staff. Was that patient exposed to TB during the admission? If they were, it takes 10-12 weeks to show a conversion, so why are they testing upon readmission into their facility (especially if it is only three days)? Wow, I could go on and on, but it sounds like poor resident and resource management to me. I'm surprised someone from the State or CDC wouldn't be willing to assist them. I would call them directly and talk with a TB specialist.
- I was told, it depends if the patient is released from the nursing home and has to be a readmit, then they have to have the repeat TST as they are a new admission. If the bed is held and not a readmit, then no, unless the policy of institution states that they must have a repeat TST. It depends on policy of the long-term care facility mostly.

**Frequency of Testing and Retesting in Long-term Care**

From the Indiana TB Program Manual: 410 IAC 16.2-5-12 Infection Control Program [Rule 5, Residential Care Facilities], Sec. 12, December 30, 2009:

- a. The facility must establish and maintain an infection control practice designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of diseases and infection.
- b. The facility must establish an infection control program that includes the following:
  1. A system that enables the facility to analyze patterns of known infectious symptoms
  2. Provides orientation and inservice education on infection prevention and control, including universal precautions
  3. Offering health information to residents, including, but not limited to, infection transmission and immunizations
  4. Reporting communicable disease to public health authorities
- c. Each resident shall have a diagnostic chest x-ray completed no more than six (6) months prior to admission.
- d. Prior to admission, each resident shall be required to have a health assessment, including history of significant past or present infectious diseases and a statement that the resident shows no evidence of TB in an infectious stage as verified upon admission and yearly thereafter.
- e. In addition, a tuberculin skin test shall be completed within three (3) months prior to admission or upon admission and read at 48 to 72 hours. The result shall be recorded in millimeters of induration with the date given, date read and by whom administered and read.
- f. For residents who have not had a documented negative tuberculin skin test result during the preceding 12 months, the baseline tuberculin skin testing should employ the two-step method. If the first step is negative, a second test should be performed within one (1) to three (3) weeks after the first test. The frequency of repeat testing will depend on the risk of infection with TB.
- g. All
- h. All skin testing for TB shall be done using the Mantoux method (5TU, PPD) administered by persons having documentation of training from a department approved course of instruction in intradermal tuberculin skin testing, reading and recording.
- i. Persons with a documented history of a positive tuberculin skin test, adequate treatment for disease or preventive therapy for infection shall be exempt from further skin testing. In lieu of a tuberculin skin test, these persons should have an annual risk assessment for the development of symptoms suggestive of TB, including, but not limited to, cough, fever, night sweats and weight loss. If symptoms are present, the individual shall be evaluated immediately with a chest x-ray. More info can be found at <http://www.in.gov/legislative/iac/T04100/A00162.PDF?>

**Facilities Which Test Employees Annually**

The American Lung Association TB Program Basic Validation Card is good for three years. Some organizations have internal policies which require basic cardholders to be updated annually. In this case, especially when the organization does a smaller or other version of annual TB training, the rosters do not need to be submitted to the American Lung Association, and new Basic Validation Cards are not needed. The best solution is to have the instructor put his/her initials and date the back of the original Basic Validation Card acknowledging that the person has received additional training to meet the organizational requirements.

**Validation vs. Certification**

**What is the difference between “validation” and “certification?”** Certification implies national standardization, and the word carries many legal implications. The TB program administered by the American Lung Association is unique to Indiana, and it is false advertising to present it as a certification. A true certification program would be the American Heart Association’s BLS program or INS programs in infusion therapy, etc.

**Reducing Class Time  
and/or Electronic  
Format**

**How much of the training can be made into an electronic format so that the book work can be completed first and then the skills part can be a check-off?** We understand the need to reduce training time. Our TB Education Program involves the CDC video, the Powerpoint presentation, pre- and post-tests and TST demonstration. We have not put this program into an electronic version as of yet, and unfortunately, American Lung Association copyright makes it impossible for you to do this. There has been some initial discussion to move the presentation to an online program, allowing people to review the presentation and take the written exam and only requiring face-to-face teaching for the skills test. However, the task forces that will work to make these changes are volunteer driven, and the time and resources needed for such a transition are large and currently unavailable. There are some adjustments that could be made. For example, you could provide the presentation, video and pre- and post-tests in larger numbers and have sign-up sheets in 10 or 15 minute intervals to come back and do their skills test.