



Blood Test, Chest X-Ray and Tuberculin Skin Test – Medical Directive

Medical Advisory Committee Approved: 08NOV2019

Harmonized

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Authorizing Prescriber(s)

Physician(s) for the Occupational Health, Safety and Healthy Workplace Department (herein after referred to as Occupational Health (OH)) of Lakeridge Health (LH).

Authorized to Whom

Registered Nurses working in Occupational Health (OHN) with the corresponding knowledge, skill and judgment for each order and/or procedure below.

Co-implementers: Medical Radiation Technologists employed at LH.

Patient Description/Population

This Medical Directive applies to individuals who are:

- Employees of LH,
- Privileged staff (physicians, dentists, midwives) of LH,

This population is referred to as Lakeridge Health Colleagues (LHC)

Order and/or Procedure

For orders see [Order Table](#). Procedures stated below.

Blood tests:

1. Prior to completing blood tests (per Order Table) to determine immune status, the OHN must:
 - Explain the purpose for ordering the blood tests
 - Explain the process of results notification and follow-up
2. Prior to completing blood tests (per Order Table) post - blood borne diseases exposure, the OHN must:
 - Explain the purpose of ordering the blood tests
 - Provide the LHC with information and counseling regarding Hepatitis B, Hepatitis C and HIV (transmission, implications of testing positive, mandatory reporting to public health etc.)
 - Provide the frequency of follow up blood tests
 - Explain the process of results notification and follow up

Chest X-Ray:

1. Prior to completing a Chest X-Ray requisition (per Order Table), the OHN must:
 - Have knowledge of the Tuberculosis Surveillance Policy
 - Explain the purpose of the chest x-ray
 - Explain the risk of radiation exposure
 - Explain the process of results notification and follow up
 - Ask the LHC if they are pregnant (if appropriate)

Tuberculin Skin Test (TST):

1. Prior to conducting the TST (per Order Table), the OHN must:
 - Have knowledge of the Tuberculosis Surveillance Policy
 - Review documentation of previous TST (if available)
 - Explain the purpose of and process for the TST including risks, side effects and precautions
 - Explain the process of reading results and follow-up
 - Ensure there are no contraindications to administration of TST
 - Obtain informed, signed consent
 - Advise the LHC to remain in the vicinity for a minimum of 15 minutes
 - Advise the LHC to notify OH of significant side effects/adverse reaction

Indications to the Implementation of the Directive

Please see Order Table for all indications

Contraindications to the Implementation of the Directive

Please see Order Table for all contraindications

Documentation Requirements

OHN to document the implementation of this Medical Directive in the OH medical record. Documentation must include name of the medical directive, date, and name and signature of the implementer including credentials.

Review/Evaluation Process

This medical directive will be reviewed every 2 years by the Occupational Health Department.

References

OHA/OMA Communicable Disease Surveillance Protocols regarding Blood Borne Diseases, Measles, Mumps, Rubella, Varicella, and Tuberculosis Surveillance.



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Public Hospitals Act, Regulation 965.

Product monograph – Tubersol

Canadian Immunization Guide

<https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html>

Public Health Ontario PIDAC Documents: Routine Practices and Additional Precautions.

<https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/routine-practices-additional-precautions>

This table must **not** be used independently apart from the Medical Directive

Order Table

Order	Indication	Contraindication	Notes (Optional)
Measles - Serology	Determine immune status for measles	Documentation of previous positive immunity status Lack of consent.	
Mumps – Immunity Serology	Determine immune status for mumps	Documentation of previous positive immunity status Lack of consent.	
Rubella – Immunity Serology	Determine immune status for rubella	Documentation of previous positive immunity status Lack of consent.	
Varicella - Serology	Determine immune status for varicella	Documentation of previous positive immunity status Lack of consent.	
Hepatitis B Serology	Determine immune status for hepatitis B	Lack of consent.	
1. Hepatitis B Core antibody 2. Hepatitis B Surface antibody and antigen 3. Hepatitis C antibody 4. HIV antibodies 5. ALT	Screening post blood borne diseases exposure	Lack of consent.	If selecting all tests (1 to 5) use order set <i>Blood and Body Fluids Exposure</i> using the mnemonic /BBFEXP.



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Order	Indication	Contraindication	Notes (Optional)
<p>Chest X-ray – posterior, anterior and lateral (PA and Lateral)</p>	<p>Never been evaluated for a positive TST</p> <p>Had a previous diagnosis of TB but has never received adequate treatment for TB</p> <p>A new, positive TST</p> <p>LHCs who at the time of pre-placement assessment are previously known to be TST positive but have not had a CXR within the last 5 years.</p>	<p>Lack of consent.</p> <p>Chest x-rays are contraindicated for pregnant LHCs</p>	<p>For LHCs who have previously been assessed for a positive TST and have a documented chest x-ray on file, there is no need to repeat the chest x-ray unless clinically indicated.</p>
<p>TST – (One-step) Administer 0.1 mL Tubersol intradermally on the inner aspect of the forearm. Read TST in 48-72 hours.</p>	<p>Previous documented 2-step TST with negative reading (0-9 mm of induration)</p> <p>Post occupational exposure to active TB (consult OHA/OMA TB Surveillance protocol)</p> <p>Annual surveillance for high risk occupational activities including: cough-inducing procedures such as sputum induction, bronchoscopy, administration</p>	<p>History of severe blistering reaction or anaphylaxis following the test in the past</p> <p>Documented active TB</p> <p>Clear history of treatment for LTBI or active TB in the past</p> <p>Extensive burns or eczema over the testing site (use an alternate site)</p>	<p>A history of Bacille-Calmette-Guerin (BCG) vaccine is not a contraindication to a TST.</p> <p>LHCs who have had BCG vaccine may still be at risk of infection.</p> <p>Note: BCG vaccination is an unlikely explanation of a positive TST if BCG was given in infancy.</p>



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Order	Indication	Contraindication	Notes (Optional)
	of aerosolized therapies, respiratory therapy, chest physiotherapy, autopsy, morbid anatomy and pathology examinations, bronchoscopy and designated mycobacterium laboratory procedures (manipulation of M. tuberculosis cultures.)	Major viral infection (note that a LHC with a common cold may be tested) Live virus vaccine in the previous 4 weeks Lack of consent	Pregnancy is NOT a contraindication to a TST.
TST – two-step 1. Administer 5 units of Tubersol intradermally on the inner aspect of the forearm. Read TST in 48-72 hours. If this result is 0-9 mm of induration, perform a second test. 2. In one to four weeks from #1, administer 5 units of Tubersol intradermally on the inner aspect of the opposite forearm. Read TST in 48-72 hours.	TST status is unknown, or previously identified as TST negative (regardless of history of BCG vaccine) unless they have: • documented results of a prior two-step test; OR • documentation of a negative TST within the last 12 months; in which case a single-step test may be given.	All contraindications listed in 1 step plus: Lack of consent	If the first step is positive in the TST do not proceed with the second step