

MEDICAL STAFF POLICIES & PROCEDURES

Applicability: Community Hospital Anderson, Community Hospital East, Community Fairbanks Recovery Center, Community Heart and Vascular Hospital (A Department of Community Hospital East), Community Howard Regional Health, Community Hospital North, Community Hospital South

TITLE: TESTING FOR TUBERCULOSIS

STATEMENT OF PURPOSE: The Center for Disease Control (CDC) and the Indiana State Board of Health require annual testing and/or screening for tuberculosis (TB). An annual tuberculosis questionnaire must be completed by practitioners in all areas.

- **Annual QUESTIONNAIRE:** Known previous reactors to PPD or positive IGRA must complete the questions included in the notification document. If providers answer YES to any of the questions, they must submit documentation signed by a physician confirming that the practitioner does not have active TB. Questions asked include: In the past year, have you had any of the following:
 1. A cough which lasted more than a few days
 2. A cough which produced bleeding or blood
 3. Unexplained weight loss
 4. Persistent Chills or sweats
 5. Sweating during sleep
 6. Unexplained shortness of breath or other respiratory symptoms

ACTION: Physicians and Allied Health Providers must comply with the requirements of this policy in order to maintain privileges at Community Health Network. Non-compliance with this policy will result in administrative suspension of privileges and notification to the Medical Staff Department Chair and/President. Such actions will also be reviewed as a quality assessment issue but will not be reportable to the NPDB.