Providing Licensing, Certification and Monitoring Compliance as the designee for the Department of Health (DOH), Office of Healthcare Assurance (OHCA)

Click Here to access CTA's Website

Click Here to access OHCA's Inspection Report Site

Aloha CMA and CCFFH Operators,
The information contained in this official newsletter has been reviewed and approved by DOH/OHCA. It is being distributed to all CMAs and CCFFHs.

Newsletter #127 August 6, 2024

Aloha,

The Office of Health Care Assurance (OHCA) was recently made aware of an updated TB manual for Hawaii. The information is being sent to you now.

Use the link below to read the new Dept of Health TB manual and to obtain the necessary forms.

1-30-2024 DOH TB Manual (TB Manual Link)

You are responsible for reviewing the Manual to ensure TB compliance in your facility.

There are updated TB clearance procedures outlined in the TB Clearance Manual (version 1/30/2024). The Dept of Health, Office of Health Care Assurance (OHCA) would like to emphasize, that for all facilities including Community Care Foster Family Homes, **the only TB clearance that OHCA will now be accepting will be "TB Document F: State of Hawaii TB Clearance Form"**, issued by a required health care provider (MD, DO, APRN, NP), which can be found on page 12 at the link above, or a DOH issued TB Clearances from a DOH TB Branch. **No other TB document will be accepted as a clearance** - this includes skin tests results, chest x-ray reports, Quantiferon lab reports, doctor letters, or clearances documented on forms other than the new TB Document F. Examples of these forms are provided below.

Medical providers across the State of Hawaii have been made aware of the change, so your physician should be adequately prepared for this change already. As of today's date, you must begin to utilize TB Document F only for all of the required TB clearances for your facility.

For Adult Residential Care Homes, Community Care Foster Family Homes, Developmental Disability Domiciliary homes, and other facilities where minors (under 18 years of age) reside, a negative risk assessment (TB Document G) can be used to accompany the TB Document F as the child's clearance in lieu of skin tests and QuantiFERON tests.

Below is a summary pertinent to residential care facilities:

INITIAL TB TESTING: All clients, all staff, caregivers and household members including minors with direct contact with residents for more than 10 hours a week - Refer to Document B and C in the TB Manual *(Only Document F or a DOH TB Clearance letter will be accepted)*.

ANNUAL TB TESTING: All clients and all staff, caregivers and household members with direct contact with residents for more than 10 hours a week – Refer to Document D in the TB Manual **(***(Only Document F or a DOH TB Clearance letter will be accepted)*.

Note: For persons with no resident contact or contact less than 10 hours a week: No TB clearance is needed but an exclusion document must be present in facility records.

For persons needing a single TST, the entire testing process takes a minimum of 2 calendar days. After your TST is administered, you must return to the same DOH TB testing location within 48-72 hours to have your TST read. For persons needing a two-step TST, the entire process takes a minimum of 9 calendar days and you will receive a total of two TST's. If your first TST is negative, a second TST is administered 1-3 weeks later.

If CTA Survey Compliance Managers have any questions on whether provider documents meet DOH TB requirements, the provider will be expected to take the documentation and obtain a DOH TB Clearance Certificate from the DOH TB Branch.

If you have any questions, please contact a Department of Health TB Branch or your primary care physician.

Mahalo!

Example Form F

TB Document F: State of Hawaii TB Clearance Form
Hawaii State Department of Health
Tuberculosis Control Program

Patient Name	DOB	TB Screening Date

I have evaluated the individual named above using the process set out in the DOH TB Clearance Manual dated 1/10/2024 and determined that the individual does not have TB disease as defined in section 11-164.2-2, Hawaii Administrative Rules.

I. Screening for schools, child care facilities, or food handlers *(TB Document A or E)*

☐ Negative TB risk assessment
☐ Negative test for TB infection: TST: mm, date read: ; or QFT (date:)
☐ Positive test for TB infection: TST: mm, date read: ; or QFT (date:)
and negative chest X-ray (date:)

II. Initial Screening for Health Care Facilities or Residential Care Settings (*TB Document B or C)*

☐ Negative Risk Assessment: Children 1-17 yrs old, who are household members in residential care settings
☐ Negative test for TB infection (2-step):
☐ New positive test for TB infection:
☐ Previous positive test for TB infection, negative symptoms screen and negative CXR within previous 12 mos: Date of CXR:
☐ Previous positive test for TB infection, and negative CXR: Date of CXR:

III. Annual Screening for Health Care Facilities or Residential Care Settings (*TB Document D)*

☐ Negative risk assessment (children 1-17 yrs old, who are household members in residential care settings)
☐ Negative test for TB infection: TST: mm, date read ; or QFT (date:)
☐ New positive test for TB infection: TST: mm, date read: ; or QFT (date:)
and negative chest X-ray (date:)
☐ Previous positive test for TB infection and negative symptoms screen

Signature or Unique Stamp of Practitioner: ____________________

Printed Name of Practitioner: ____________________

Healthcare Facility: ____________________
Address: ____________________
Phone Number: ____________ Fax: ____________

This TB clearance provides a reasonable assurance that the individual listed on this form was free from tuberculosis disease at the time of the exam. This form does not imply any guarantee or protection from future tuberculosis risk for the individual listed.

Example Form G

TB Document G: State of Hawaii TB Risk Assessment for Adults and Children
Hawaii State Department of Health
Tuberculosis Control Program

1. Check for TB symptoms

- If there are significant TB symptoms, then further testing (including a chest x-ray) is required for TB clearance.
- If significant symptoms are absent, proceed to TB Risk Factor questions.

☐ Yes ☐ No	**Does this person have significant TB symptoms?** Significant symptoms include cough for 3 weeks or more, **PLUS** least one of the following: ☐ Coughing up blood ☐ Fever ☐ Night sweats ☐ Unexplained weight loss ☐ Unusual weakness ☐ Fatigue

2. Check for TB Risk Factors

- If any "Yes" box below is checked, then TB testing is required for TB clearance
- If all boxes below are checked "No", then TB clearance can be issued without testing

☐ Yes ☐ No	**Was this person born in a country with a high TB case rate (refer to TB Document J)?** (eg. Not born in the United States, Canada, Australia, New Zealand, Western Europe, Northern Europe, or Japan.)
☐ Yes ☐ No	**Has this person traveled to (or lived in) a country with a high TB case rate for four weeks or longer?**
☐ Yes ☐ No	**At any time has this person been in contact with someone with *infectious TB disease*? (Do not check "Yes" if exposed only to someone with latent TB)**
☐ Yes ☐ No	**Does this person have a health problem that affects the immune system, or is medical treatment planned that may affect the immune system?** *Includes HIV/AIDS, organ transplant recipient, treatment with TNF-alpha antagonist (e.g. Humira, Enbrel, Remicade), or steroid medication for a month or longer.*
☐ Yes ☐ No	**For children under age 16: Someone born in a country with a high TB case rate (eg. Not born in the United States, Canada, Australia, New Zealand, Western Europe, Northern Europe, or Japan) is living or has lived in the same household.**

Provider Name with Licensure/Degree:	**Person's Name and DOB:**
Assessment Date:	**Name and Relationship of Person Providing Information (if not the above-named person):**

Copyright © 2022 Community Ties of America, All rights reserved.

Our mailing address is:
500 Ala Moana Blvd, Ste. 7400, Honolulu, HI 96813
Fax number: 808-234-5470
Phone number: 808-234-5380

Want to change how you receive these emails?
You can update your preferences or unsubscribe from this list.
Note: clicking unsubscribe from this list will remove you from receiving any future newsletters.