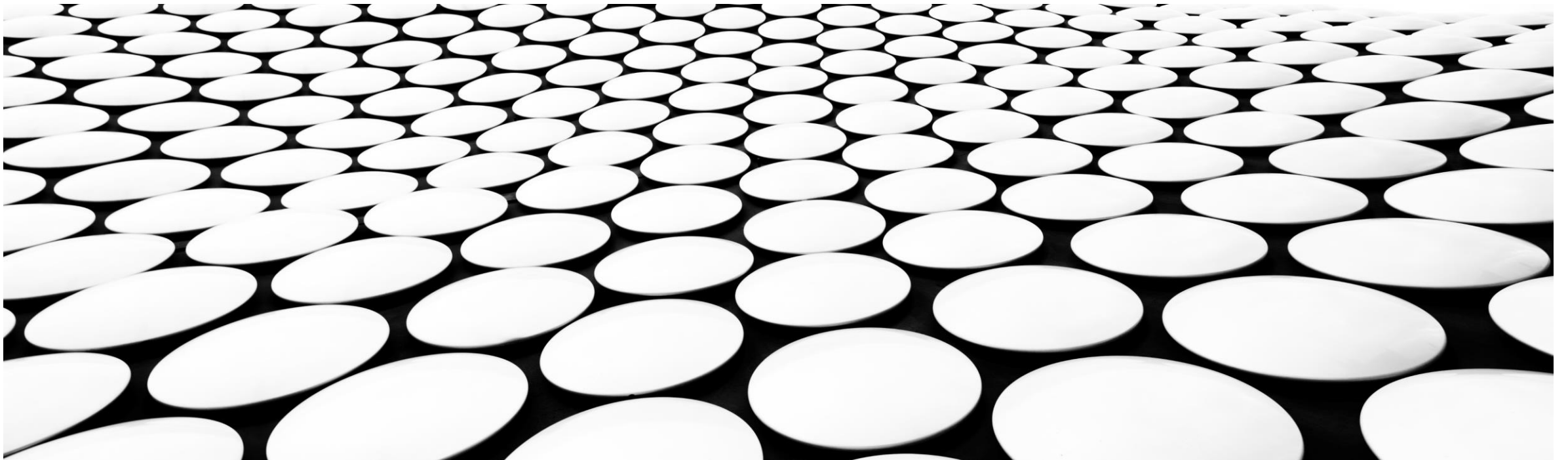
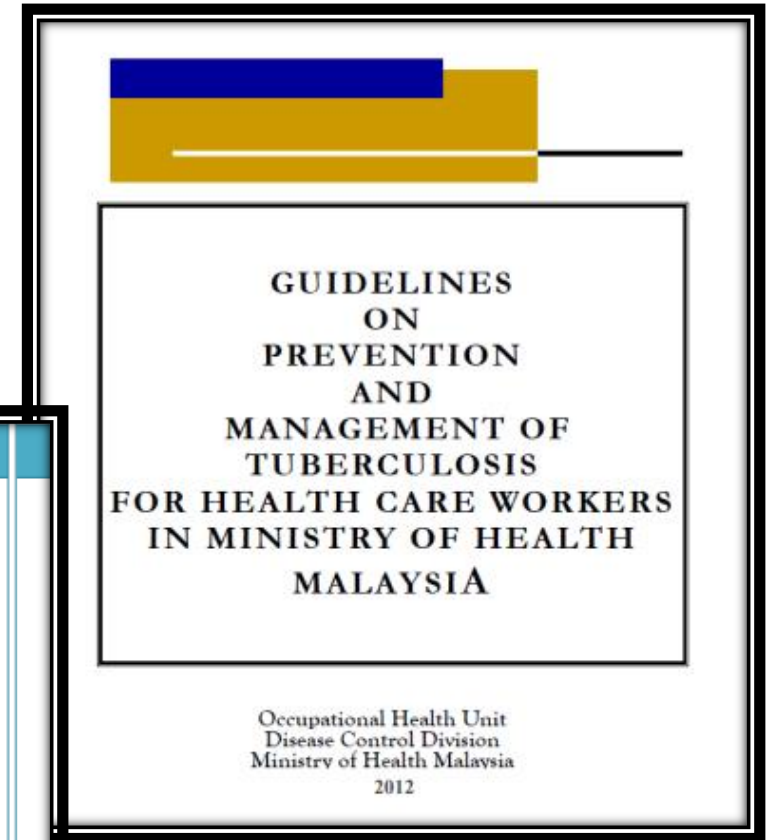
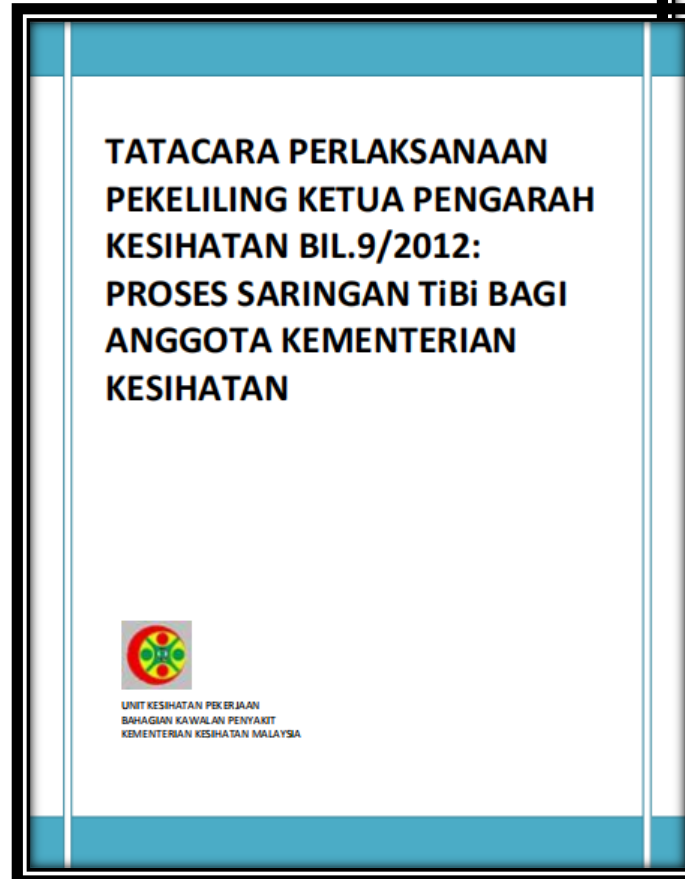

TIBI SCREENING AMONG HCW



SCREENING PROGRAM

- Guidelines on Prevention & Management of Tuberculosis for HCWs in MOH, Malaysia
- Tatacara Perlaksanaan Pekeliling Ketua Pengarah Kesihatan Bil.9/2012: Proses Saringan TB Bagi Anggota Kementerian Kesihatan Malaysia





TIBI SURVEILLANCE AMONG HCW

Ministry of Health staffs that are going to work in High Risk TB Area (HRTBA) will have to undergo the pre-placement medical examination.

- PRE-PLACEMENT MEDICAL EXAMINATION
- PERIODIC MEDICAL EXAMINATION
- PRE-RETIREMENT / PRE-TRANSFERRED OUT

TYPE OF TESTS

- Symptoms screening

Cough with sputum which is occasionally blood stained

Loss of appetite

Loss of weight

Fever

Dyspnoea

Night sweats, chest pain and hoarseness of voice –

Immunization status (BCG vaccination status) –

Past medical history with emphasis on previous TB infection or treatment

Routine general physical examination

- Tuberculin Skin Test (TST)
- Interferon Gama Release Assay (IGRA) when recommended by Chest Physician
- Chest X-ray (if newly MOH HCW had been radiographed in less than 6 months) earlier, the chest radiograph may not need to be done.
- Instead, the report of the chest radiograph shall be provided to the Chest Clinic Medical Officer to complete the procedures.

PRE-PLACEMENT MEDICAL EXAMINATION

- Those placed in High Risk TB Area (HRTBA)
- High Risk TB Areas (HRTBA) are as follows:-

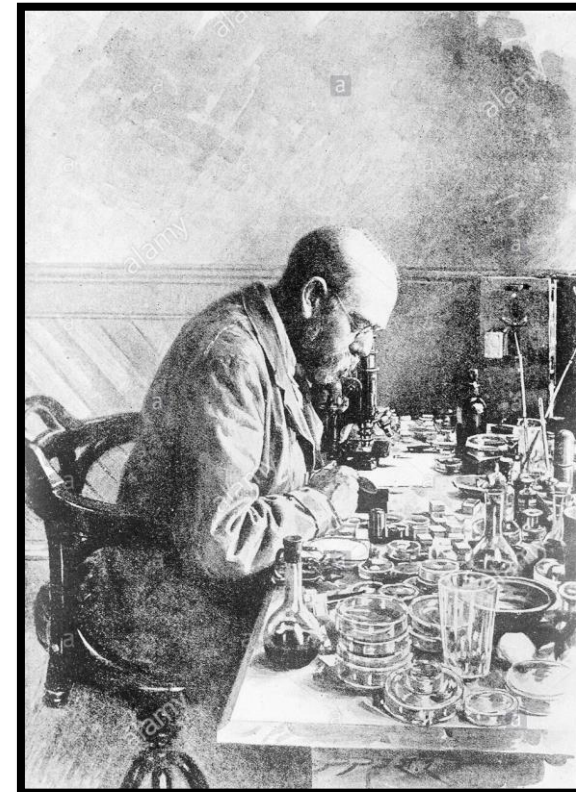
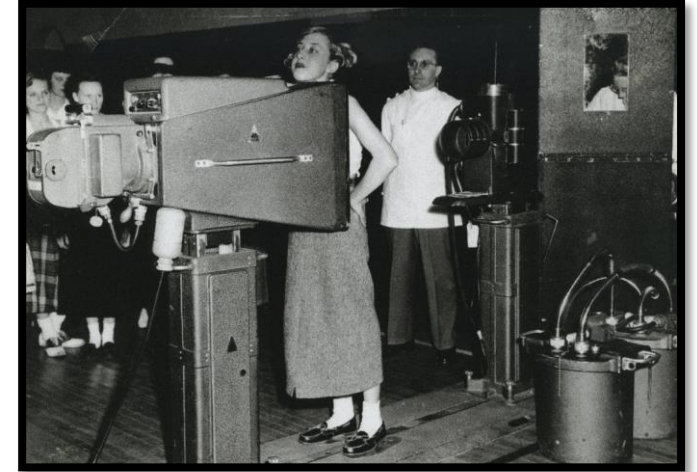
Medical / Respiratory Wards

Chest Clinics

Health Clinics

Laboratories

- TB screening and tests and medical examination by the Chest Clinic/Outpatient Clinic
- The procedures should be completed within two (2) weeks after they report for duty.



PRE-PLACEMENT MEDICAL EXAMINATION

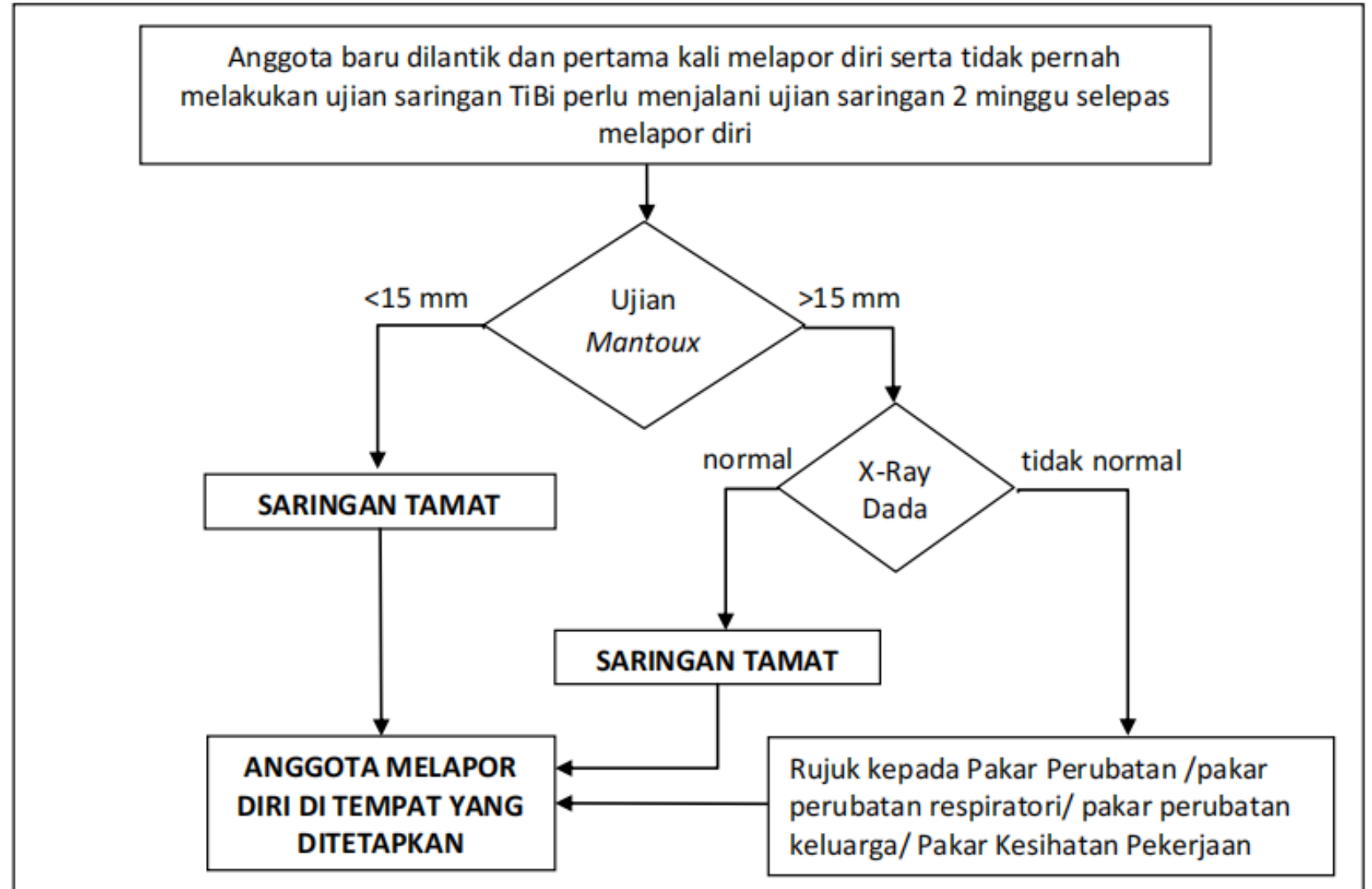
Hospital/Health Clinic

- Medical Officers
- Staff Nurses / Community Nurses,
- Medical Assistants,
- Medical Laboratory Technologist (Microbiology Lab)
- Health Attendants

- ✓ The responsible persons should coordinate the briefing for the new personnel's when they are reporting for duty.
- ✓ The Chest Clinic should coordinate the procedures and provide the appropriate instructions.
- ✓ Pre-Placement Medical Examination form (**OHU TB-1**)
- ✓ A report shall be submitted to the Occupational and Environmental Health Officer, State Health Department **every month** by using **OHU TB 3a**
- ✓ The State OEHO shall submit a report to the Occupational Health Unit, Disease Control Division, Ministry of Health by using **OHU TB 4a** format **every six (6) month**.
- ✓ If the staff is found to be TB positive, notification of diseases shall use **PL 206, WEHU L1 & L2 (JKKP7)** and **TBIS 10A1**.

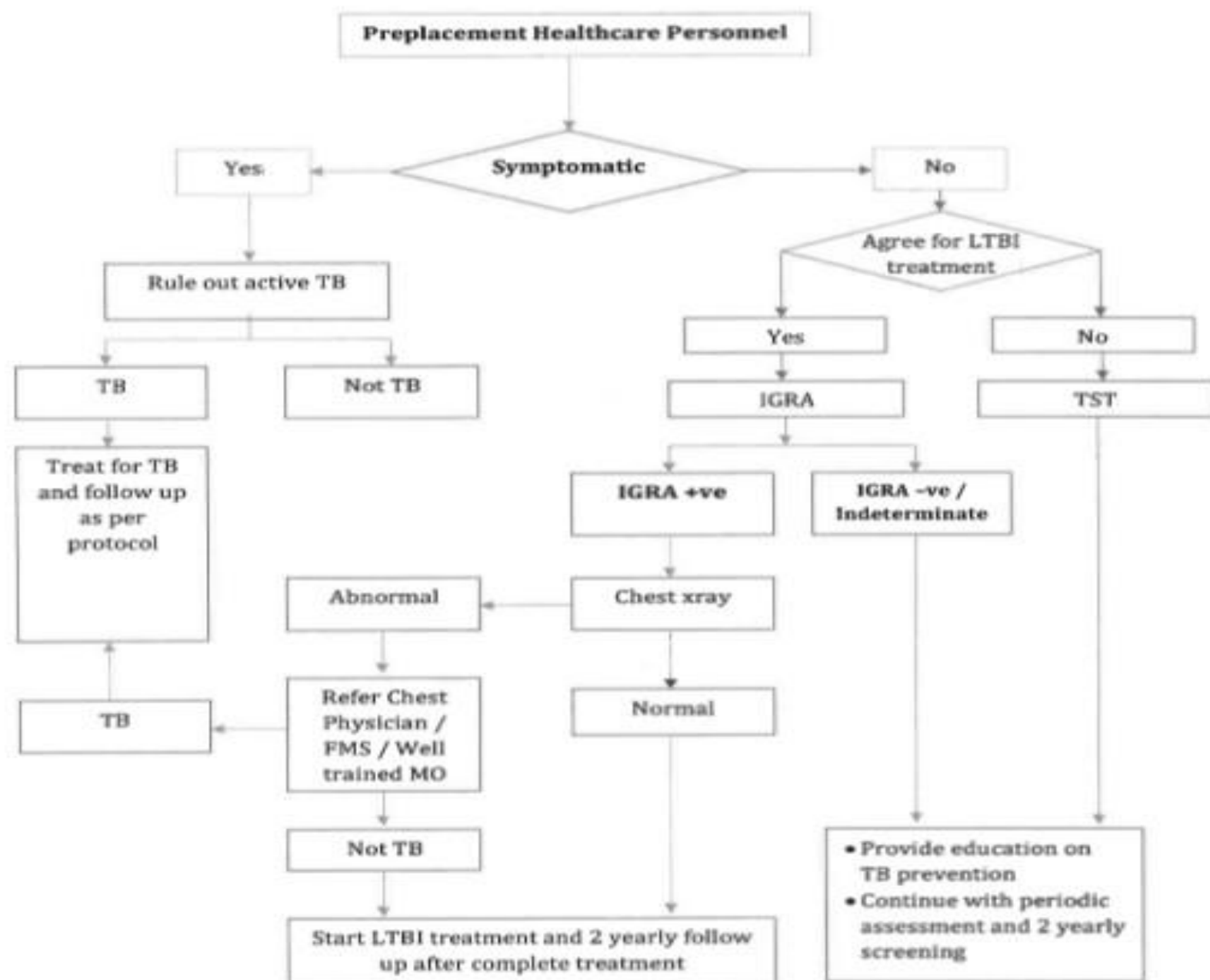
FLOW CHART
OF HCW TIBI
SCREENING
PROCESS
(PRE
PLACEMENT)

CARTA ALIR PROSES SARINGAN TIBI PRA-PENEMPATAN BAGI ANGGOTA BARU DILANTIK



*Mana-mana anggota yang keputusan ujian *Mantoux* mereka LEBIH DARIPADA 15mm dan jika mempunyai simptom jangkitan pada bila-bila masa, perlu mendapatkan rawatan dengan segera.

CARTA ALIR SARINGAN TIBI DENGAN KAEDAH IGRA DIKALANGAN PETUGAS KESIHATAN KKM



PERIODIC MEDICAL EXAMINATION

- Prior to Periodic Medical Examination, Risk Classification of TB Infection for Health Care Settings shall be done by the Safety and Health Committee of the facility. The pulmonary TB surveillance program should be based on the facility risk classification.
- Who is at risk? Medical Officers, Pharmacist, Nurses, Medical Assistants, Medical Attendants, Science Officers, Lab personnel
- Where are they? Ward (priority TIBI ward/care facilities), OT, dealing with HIV/immunocompromised groups, departments or rooms conducting aerosol generating procedure (sputum induction, bronchoscopy, TIBI ward), outpatient, emergency department, laboratory, radiology department

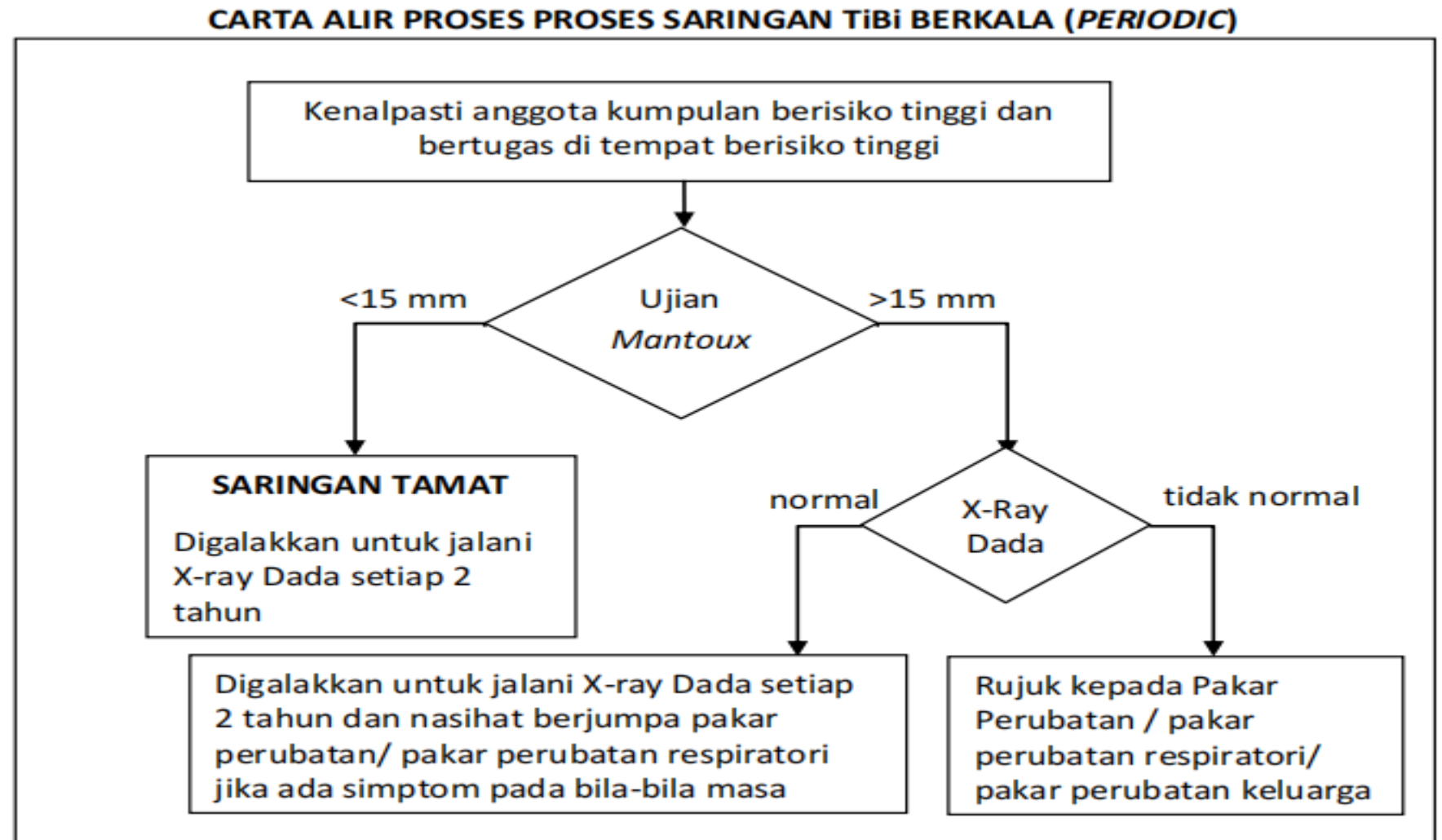
PERIODIC MEDICAL EXAMINATION

Hospital/Health Clinic

- Medical Officers
- Staff Nurses / Community Nurses,
- Medical Assistants,
- Medical Laboratory Technologist (Microbiology Lab)
- Health Attendants

- ✓ The responsible persons should coordinate the briefing for the new personnel's when they are reporting for duty.
- ✓ The Chest Clinic should coordinate the procedures and provide the appropriate instructions.
- ✓ **OHU TB-2** forms shall be used as continuation sheets of Pre-Placement Medical Examination
- ✓ Report submitted to the Occupational and Environmental Health Officer, State Health Department **every month** by using **OHU TB 3b**
- ✓ State OEHO shall submit a report to the Occupational Health Unit, Disease Control Division, Ministry of Health by using **OHU TB 4b** format **every six (6) month**.
- ✓ If the staff is found to be TB positive, notification of diseases shall use **PL 206, WEHU L1 & L2 (JKKP7)** and **TBIS 10A1**.

FLOW CHART
OF HCW TIBI
SCREENING
PROCESS
(PERIODIC)



*Mana-mana anggota yang keputusan ujian *Mantoux* mereka LEBIH DARIPADA 15mm dan jika mempunyai simptom jangkitan pada bila-bila masa, perlu mendapatkan rawatan dengan segera.

*Ujian Mantoux hanya perlu dilakukan pada kali pertama sahaja. Ujian saringan pada tahun berikutnya, anggota hanya perlu menjalani ujian x-ray dada.

PRE-RETIREMENT / PRE-TRANSFERRED OUT

- Pre-Retirement / Pre-Transferred Out Medical Examination shall be done for HCWs who are about to retire or transferred out of the High Risk TB Area (HRTBA)
- Any transfer from one HRTBA to another HRTBA may not require pre-transfer medical examination.
- Any transfer from HRTBA of one facility to another HRTBA in another facility may not require pre-transfer medical examination. However, if the TB status in the previous HRTBA is in doubt, pre-placement medical examination
- If the staffs are going to be transferred to an unknown TB risk area, the Pre Retirement / Pre-Transferred Out Medical Examination shall be done accordingly.
- For retirees, 6 months before retirement

PRE-RETIREMENT / PRE-TRANSFERRED OUT

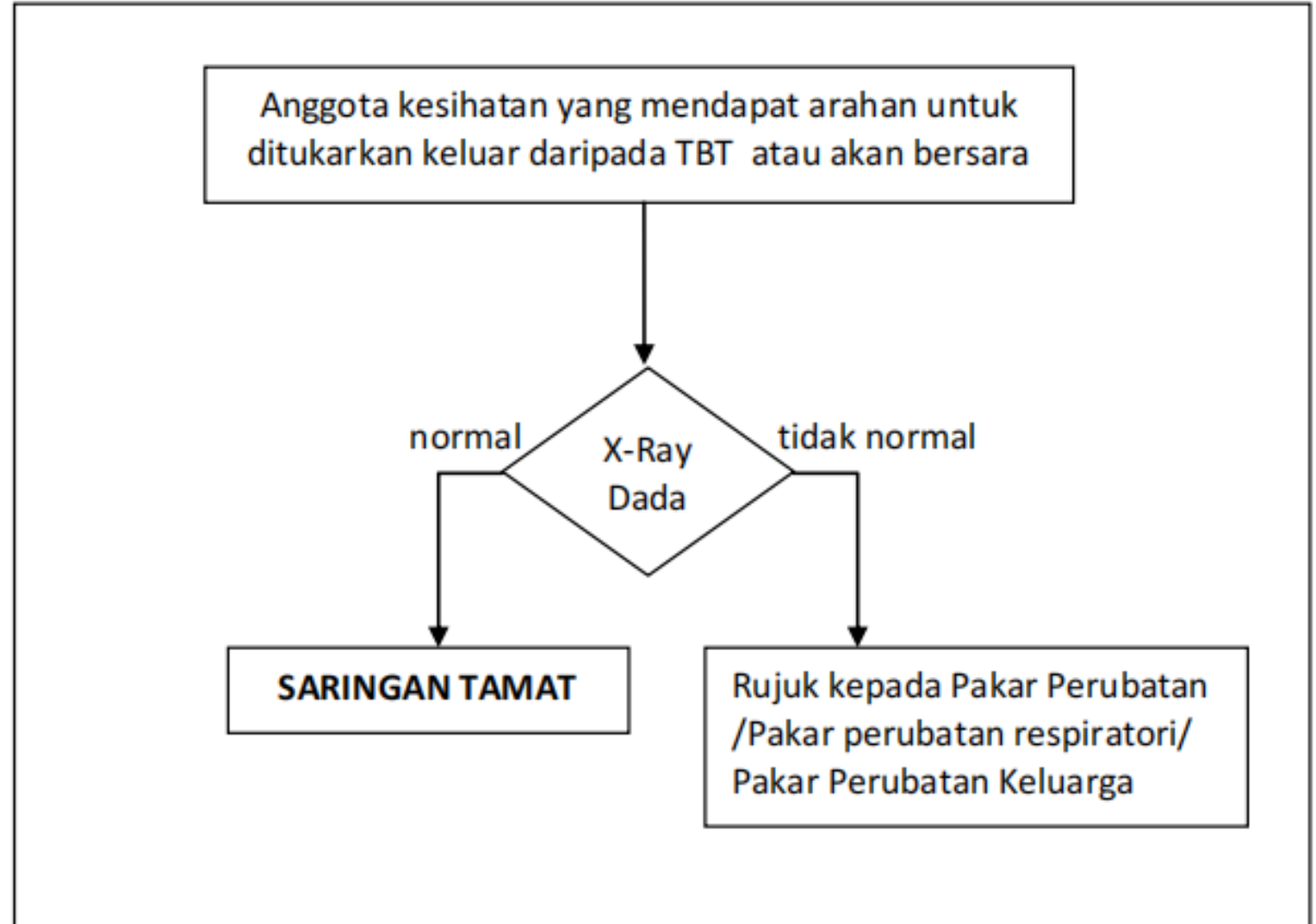
Hospital/Health Clinic

- Medical Officers
- Staff Nurses / Community Nurses,
- Medical Assistants,
- Medical Laboratory Technologist (Microbiology Lab)
- Health Attendants

- ✓ The responsible persons should coordinate the briefing for personnel's when they are reporting for duty.
- ✓ The Chest Clinic should coordinate the procedures and provide the appropriate instructions.
- ✓ A report shall be submitted to the Occupational and Environmental Health Officer, State Health Department **every month** by using **OHU TB 3c** format.
- ✓ The State OEHO shall submit a report to the Occupational Health Unit, Disease Control Division, Ministry of Health by using **OHU TB 4c every six (6) month**
- ✓ If the staff is found to be TB positive, notification of diseases shall use **PL 206, WEHU L1 & L2 (JKKP7)** and **TBIS 10A1.**

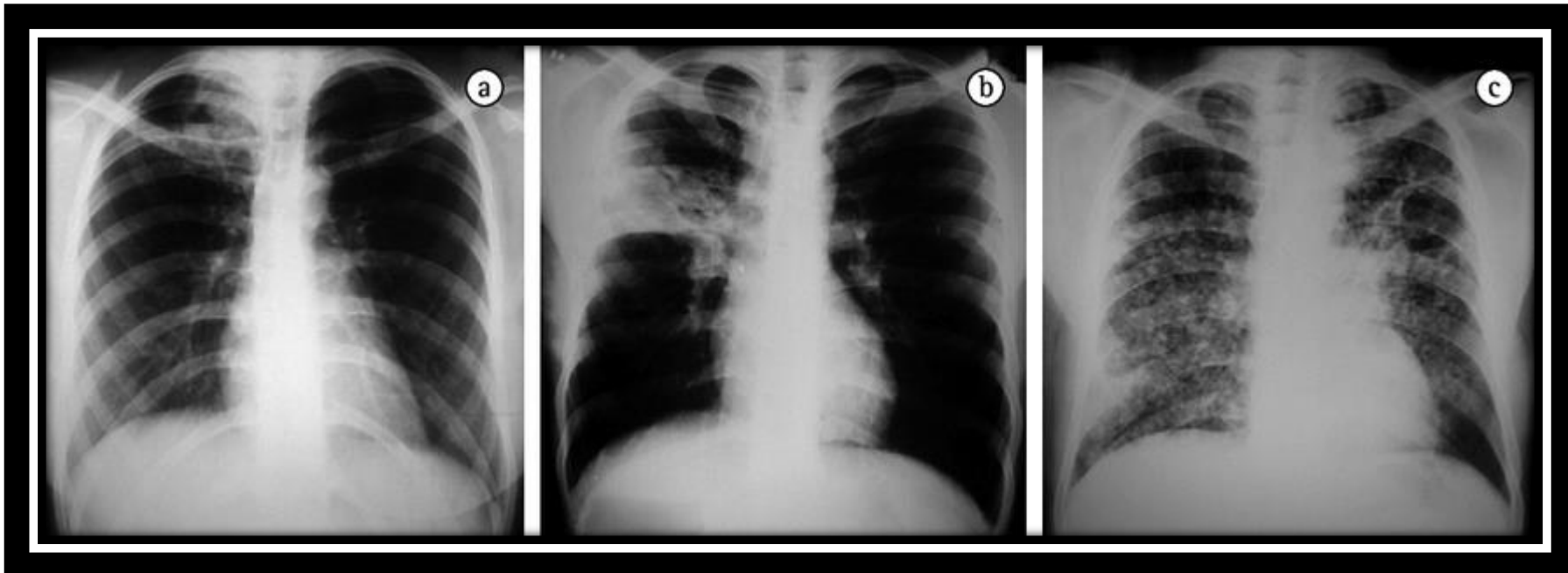
FLOW CHART OF
HCW TIBI
SCREENING
PROCESS
(PRERETIREMENT/
PRETRANSFER)

CARTA ALIR PROSES SARINGAN TIBI BAGI ANGGOTA PRA PERSARAAN / PRA PERPINDAHAN



- **MEDICAL LEAVE**

All HCWs confirmed to have active pulmonary TB infection should be given medical leave at least two weeks or until the sputum AFB is negative.



INVESTIGATION OF TB AMONG HCWs

The Investigating Team should include but not limited to:-

- KPAS/OHU Medical Officer/Medical Officer
- Environment Health Assistant Officer (PPKP)
- Medical Assistant

Investigation Form

Format Penyiasatan Kes Tuberkulosis Di Kalangan Kakitangan Kementerian Kesihatan Malaysia

- *Personal information*
- *Occupational history*
- *Work environment inspection*



To conclude if work related or NOT

Notification

TB cases among Health Care Workers must be notified to the Medical Officer at the nearest District Health Office. Patient database must be recorded in TB Information System (TBIS).

NOTIFICATION OF OCCUPATIONAL RELATED TBI.

All cases of occupational related TB infection should be notified **within 7 days** using the WEHU L1/ L2 (JKKP7) forms

Notification should be made to State Health Department which will then send a copy of the notification form to the Department of Occupational Safety and Health (DOSH) and Occupational Health Unit, Ministry of Health.



RETURN TO WORK POLICY

HCW with TB should be allowed to return to work when a physician has confirmed and document that the HCW is non-infectious.

- **Criteria For Return To Work:**

- Worker receives adequate anti-TB therapy
- Cough has resolved
- Results of three consecutive sputum acid-fast bacilli (AFB) smears negative. (The sputum should be collected 8-24 hours apart, with at least one being an early morning specimen because respiratory secretions pool overnight.)

Resume duty and while they remain on anti-TB therapy, regular (monthly) follow up is needed

If the HCWs discontinue treatment, they need to be evaluated by the Chest Physician/General Physician for the possibility of active TB

PATIENT RECORDS

- A record of details on each TB cases among the health care workers should be kept by the facilities within which they are working. According to Notification of Accident, Dangerous Occurrence, Occupational Poisoning and Occupational Disease Regulations 2004, the record should be kept for **at least 5 years** from the date on which it was made.





WHAT NEXT??



WORKER

- Peer risk communication
- Take precautions if immunocompromised
- Voluntary request of job reassignment if immunocompromised
- Compliance to infection control



WORKER

- Early diagnosis and adequate proper treatment (Syndromic Approach)
- High index of suspicion of TB
- Prompt masking if suspected patients
- Be careful outside of the workplace



WORKPLACE

- Respiratory Protection Plan with responsible officer
- Isolation areas for health clinics
- Procurement of certified N95 respirator
- Medical evaluation and Fit testing



WORKPLACE

- Two step TST
- Written short and long term plan for LEV/negative pressure rooms/UVGI
- Supervision and enforcement on contract for maintenance of equipment
- Long term plan for adequate PPE procurement



WORK

- Periodical training according to listing of staff
- Compulsory TB training target for all staff
- Punitive enforcement for non compliance
- Triageing in health clinics
- Triageing with only 2 stations (fast-track)
- Compulsory staff rotation





TAKE HOME

- Routine TB screening for all staff working in health care facilities is important to identify TB cases timely.
- Timely treatment and identifying risk factors can achieve lower infection rates among HCW
- Treatment will be decided by the family medicine specialist/respiratory physician/ internal medicine specialist responsible for the care
- Having systematic records and monitoring system in place

A close-up photograph of a baby's face, looking slightly to the right. The baby has dark hair and is wearing a red garment. The background is a soft, out-of-focus blue. Overlaid on the left side of the image is a quote in white and teal text.

**“SAFETY STARTS WITH
AWARENESS, AWARENESS
STARTS WITH YOU”**

Thank you