

Tuberculosis Risk Assessment and Testing Regulation
for Schools, Colleges, and Universities
in Hamilton, MA 2017 (*revised 2024*)

Purpose: To reduce the spread of Tuberculosis (TB) infection.

Rationale: Due to the length of time students spend in close proximity with each other, schools are an environment where TB infection can spread to other students.

Intent: To require TB risk assessment for students and staff and to require TB skin tests when a student, or staff is at higher risk for TB.

Authority: These regulations are adopted under the authority of M.G.L. c. 111, §§ 31

Definitions:

Isolation vs. Quarantine - Isolation separates sick people with a contagious disease from people who are not sick. Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

MDPH - Massachusetts Department of Public Health

School – The term “School” shall mean, for purposes of this regulation, the “Gordon-Conwell Theological Seminary,” located at 130 Essex St. in Hamilton.

School Health Services- Educated personnel designated to:

1. Ensure that all students and staff submit documentation that they have received all required vaccinations in accordance with MA laws and regulations

2. Require that all students and staff complete the required TB forms and TB testing as required in this regulation
3. Maintain records and files relative to this regulation for the period of enrollment of each student (and period of employment for staff).
4. Read and understand this regulation, and be familiar with its Appendices.

TB Positive - A positive TB skin test or TB blood test only tells that a person has been infected with TB bacteria. It does not tell whether the person has Latent TB infection or has progressed to Active TB. Other tests, such as a chest x-ray and a sample of sputum, are needed to diagnose Active TB.

Latent TB Infection -TB bacteria can live in the body without making a person sick. This is called latent TB infection. In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop the bacteria from growing. People with latent TB infection do not feel sick and do not have any symptoms. People with latent TB infection are not infectious and cannot spread TB bacteria to others. However, if TB bacteria become active in the body and multiply, the person will go from having latent TB infection to being sick with Active TB disease.

Active TB / TB Disease - TB bacteria become active if the immune system cannot stop the bacteria from growing. When TB bacteria are active (multiplying in a person's body), this is called TB Disease (or Active TB). People with Active TB disease are sick. They may also be able to spread the bacteria to people they spend time with every day.

Many people who have Latent TB infection never develop TB disease. Some people develop Active TB disease soon after becoming infected (within weeks) before their immune system can fight the TB bacteria. Other people may get Active TB years later when their immune system becomes weak for another reason.

For people whose immune systems are weak, especially those with HIV infection, the risk of developing Active TB disease is much higher than for people with normal immune systems.

Procedures:

TB Risk Assessment and Screening Forms

1. School Health Services staff shall provide students and staff with the age-appropriate TB Risk Assessment and Screening Forms and a Tuberculosis fact sheet (available in 15 languages).
 - a. TB Risk Assessment and Screening Forms:
 - i. For Adults, use Appendix A
 - ii. For Pediatrics, use Appendix B
 - b. "Tuberculosis" (a two-page educational fact sheet) written in the primary language of student/staff. See Appendix C
2. The TB Risk Assessment and Screening Form shall be completed and submitted to school health services:
 - a. upon enrollment, for all school students
 - b. at the start of employment, for all school staff
 - c. after residing in or visiting, for one month or longer, a location of elevated TB risk (all school students and staff).
3. Risk Assessment forms completed within the prior 13 months are valid.
4. The deadline for submitting the completed forms to the School Health Services shall be the first week of school or the first week of employment.
5. The School Health Service reviews the form, and if the student/child/staff is at increased risk for TB, he or she must be tested for TB within 14 days of being notified by the School Health Service that further testing is warranted.

TB Risk and Testing

6. Students and staff found to be at risk for TB are required to be tested (typically a skin or blood test; X-ray is not mandated). Testing is done at the patient's primary care physician office, at a Walk-In Clinic/Pharmacy, or by appointment with the Hamilton Public Health Nurse.
 - a. Persons who had a previously positive TB test do not need to be retested if they provide credible anecdotal evidence to their medical provider that they did in fact have a previous positive TB test. A strong attempt should be made to locate the original documentation.

7. Schools with 250 or more students are required to hire a Licensed Practical Nurse or Registered Nurse to perform the functions of School Health Services, plus:
 - a. Be available on-site to provide risk assessments and health education to students,
 - b. Receive training from and work with Hamilton's Public Health Nurse to conduct screening for TB or TB skin test clinics for students/staff of the school. Clinics may be organized to conduct on a routine basis or when students/staff may have been exposed to an active TB case.

TB Results and Treatment

8. Students and staff who have a new positive TB test should be seen by their PCP or at the North Shore Pulmonary (TB) Clinic (at Salem Hospital), where additional testing, education, and treatment are provided.
 - a. Treatment of Latent TB is highly recommended, but optional.

b. Treatment for Active TB is required. People with Active TB are excluded from attending or working at school, attending large group gatherings or public events, or using public transportation until deemed non-infectious according MDPH standards.

TB Reporting and Follow-Up

9. School Health Services are required to report "previous positives" to the Hamilton Board of Health (Public Health Nurse).

a. School Health Services are required to report to the Hamilton Public Health Nurse the name, age, and contact information along with documentation of the "previous positive". Documentation ideally would be the original test result; however, the current medical provider can provide current documentation based on highly credible anecdotal evidence.

b. School Health Services should inform the person that the Hamilton Public Health Nurse will be contacting them to discuss treatment for Latent TB (past or future treatment).

i.) The Public Health Nurse (PHN) will contact the person to determine if he or she has completed a round of TB antibiotic treatment. If he or she has not, the PHN will provide education and referral to the person's PCP or TB Clinic for treatment of Latent TB.

ii.) The PHN will educate about symptoms of Active TB so the person will be cautious about active coughs and the risk of spreading TB.

iii.) The PHN will keep a record of the cases reported and contacted.

High Risk Populations

10. If, in the opinion of the Town Health Agent, a school population contains a consequential percentage of individuals from geographic areas with a

significant risk of TB (or areas defined as such by some organization such as the World Health Organization), upon notice from the Health Agent, the school shall do the following:

- a. hold one on-campus health clinic during school registration each fall and spring;
- b. fund all supplies necessary for the clinics, with the exception of the PPD skin test materials which will be supplied by the Town;
- c. strongly encourage one visit to the North Shore Pulmonary Clinic for the education and possible future need of follow-up treatment; and
- d. provide all necessary follow up care, monitoring, and oversight of all positive latent TB individuals.

Program Evaluation

11. School Health Services must conduct a Program Evaluation and report results annually to the Hamilton Board of Health (by September 1 of each year, for the previous academic year). (See pg. 13 of Appendix D).

Severability:

If any provision of these regulations is declared invalid or not enforceable, the other provisions shall not be affected thereby, but shall continue in full force and effect.

Public Hearing: April 26, 2017

Adopted: April 26, 2017

Summary Published: May 18, 2017

Copy sent to DEP: May 26, 2017

These regulations are adopted after majority vote at a duly publicized public hearing on April 26, 2017.

Chairman: 
David Smith


Giselle Perez

APPENDICES

The hyperlinks below are intended for ease of locating the forms and documents that are part of this regulation. In the future, after the Massachusetts Department of Public Health updates these forms /documents, the Hamilton Board of Health may decide to change this regulation to include the amended forms/documents. However, the forms and documents that are part of this regulation will remain until the regulation changes, regardless of what the hyperlinks below direct to.

A. Adult TB Assessment and Screening Form

(Massachusetts Department of Public Health/ Bureau of Infectious Disease/Division of Global Populations and Infections Disease Prevention)

<http://www.mass.gov/eohhs/docs/dph/cdc/tb/ma-tb-risk-assessment-form.pdf>

B. Pediatric TB Assessment and Screening Form

(Massachusetts Department of Public Health/ Bureau of Infectious Disease/Division of Global Populations and Infections Disease Prevention)

Page 1: <http://www.mass.gov/eohhs/docs/dph/cdc/tb/tb-pediatric-risk-assessment-form.pdf>

Page 2: Page 2 of this 3-page form:
<http://www.mass.gov/eohhs/docs/dph/cdc/tb/ma-tb-risk-assessment-form.pdf>

C. Tuberculosis (Fact Sheet, offered in 15 languages)

(Massachusetts Department of Public Health/ Division of Tuberculosis Prevention and Control)

<http://www.mass.gov/eohhs/docs/dph/cdc/factsheets/s-u/tuberculosis.pdf> (English)

<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/epidemiology/factsheets.html> (Scroll down to "Tuberculosis" for 15+ languages)

D. Detection and Treatment of Latent Tuberculosis Infection in Massachusetts College and University Students *(Recommendations of the Medical Advisory Committee for the Elimination of Tuberculosis (MACET))*

<http://www.mass.gov/eohhs/docs/dph/cdc/tb/college-students-guide.pdf>

Screening Infants and Children for Tuberculosis in Massachusetts

(Massachusetts Department of Public Health/ Bureau of Infectious Disease/Division of Global Populations and Infections Disease Prevention)

<http://www.mass.gov/eohhs/docs/dph/cdc/tb/recommendations-screening-children-tb.pdf>

E. Screening Children for Tuberculosis: Information for School Nurses

(Massachusetts Department of Public Health/ Bureau of Infectious Disease/Division of Global Populations and Infections Disease Prevention)

<http://www.mass.gov/eohhs/docs/dph/cdc/tb/screening-children-tb-info-school-nurses.pdf>

For more information, visit:

1. <http://www.mass.gov/eohhs/gov/departments/dph/programs/id/tb/testing-screening/>
2. <http://www.cdc.gov/tb/>

Revised: May 14, 2024

Chairman: 

Board Members:



Public Notice posted in "The Ipswich Local News" newspaper on 6/19/24