

TABLE 5

INITIAL AND ANNUAL EVALUATION FOR PERSONS LIVING OR WORKING IN DESIGNATED HEALTH CARE OR RESIDENTIAL CARE FACILITIES ²

Category	When needed	Type of Testing
<p>Persons Living or Working in Designated Health Care facilities*</p> <ul style="list-style-type: none"> • Includes residents, employees, contract workers and volunteers working more than 10 hours per week • Excludes residents of acute inpatient facilities and infants under the age of 12 months, and persons not in contact with or who have not shared air space with patients or residents of the facilities or who will never be in contact with clinical specimens that may contain MTB 	<p>§11-164.2-26 Initial <i>first-ever or lapsed annual</i> Must have TB clearance within 12 months prior to employment, volunteer services, or entry as a resident</p>	<p>Initial</p> <ul style="list-style-type: none"> • TST (2-step as indicated)* * or 1 IGRA <u>or</u> CXR if previous (+)TST or (+)IGRA <i>NOTE: Not based on presence of Risk Factors questions 2-6 on Risk Assessment</i> • Additional testing needed if significant symptoms present
	<p>§11-164.2-26 Annual renewal Must be within 11-13 months of previous clearance</p> <p>* *One 2-step testing needed per lifetime Two single tests within 12 months satisfied “2-step” requirement</p>	<p>Annual renewal</p> <p>TST or IGRA or symptom screen if (prior (+) test) Secondary assessment as indicated <i>Not Based on Risk Assessment</i></p>
<p>*Designated facilities include Adult day health centers; Adult residential care homes; Assisted living facilities; Hospitals; Nursing facilities (skilled nursing/ intermediate care facilities) see http://health.hawaii.gov/ohca/type-of-hawaii-state-licensed-and-or-federal-certified-facilities-or-agencies/</p>		