



## SA TB Services TB Clearance

All students **MUST** meet the screening requirements of SA TB Services as part of the pre-placement requirements for any clinical health setting.

There are three stages to the clearance process. Many students will only need to complete the first stage, however some students will also need to complete the second or third stage.

**IMPORTANT:** Some vaccinations can interfere with the blood test that is used to screen for Tuberculosis. For this reason, you should delay any vaccinations until AFTER you have been cleared by SA TB Services, or until you have received your IGRA test results.

### Stage 1: Online Questionnaire

Complete the online questionnaire found at <https://tbq.sahealth.sa.gov.au/tbquestionnaire>.

Once your responses have been assessed, you will receive an email from SA TB Services advising you that either:

- a) You have completed the TB Screening requirements, OR
- b) You are required to attend a GP to arrange an IGRA blood test

### Stage 2: General Practitioner (GP) – IGRA Test

If you are instructed by SA TB Services to undergo an IGRA test, you will need to make an appointment with a GP. You are strongly encouraged to utilise the [Flinders University Health Service](#). You should bring along this bundle of information to all of your appointments. At your first appointment, the GP will arrange your blood test.

You will be required to see the GP again for your results at a follow-up appointment. Your GP will complete the *Tuberculosis Clearance by General Practitioner* form. Based on your test results, your GP will either:

- a) Sign off indicating that you have completed the TB Screening requirements, OR
- b) Submit a referral to the Chest Clinic at the RAH directly.

### Stage 3: Chest Clinic

If your GP refers you to the Chest Clinic, you will receive an appointment posted to you for the Chest Clinic at the Royal Adelaide Hospital (RAH). The Chest Clinic may require additional testing or prescribe treatment. Once the doctors at the Chest Clinic are satisfied that any Tuberculosis risk has been managed, you will be issued with a certificate indicating that you have completed the TB Screening Requirements.

**Once you are advised that you have completed the TB Screening Requirements, you must provide evidence of this to your College.**



# Tuberculosis Clearance by General Practitioner

This form is to be completed by a General Practitioner (GP). It is **ONLY** for students that have completed the online TB Screening Questionnaire and been advised that further TB screening is required.

Student name: \_\_\_\_\_ Student ID: \_\_\_\_\_

I declare that:

- An IGRA (Interferon gamma release assay) blood test (also known as QuantiFERON-TB Gold Plus / QFT-Plus) has been undertaken for the above named student.
- I have assessed the IGRA results and **(tick one box only)**:

<input type="checkbox"/>	<ul style="list-style-type: none"><li>• The IGRA result was <b>negative</b> (<math>\leq 0.35</math>) and</li><li>• The student is not <b>immune suppressed</b></li></ul> <p>On this basis the student has completed their TB screening requirement.</p>
<input type="checkbox"/>	<ul style="list-style-type: none"><li>• The IGRA result was <b>positive</b> (<math>&gt; 0.35</math>) and/or</li><li>• The student is <b>immune suppressed</b></li></ul> <p>On this basis, I have completed a <i>Request for Outpatient Appointment</i> and referred the student to the Chest Clinic.</p>

Print Name: \_\_\_\_\_

Provider No.: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Practice Stamp  
or Address Here

# SA Tuberculosis Services

## Student Healthcare Worker Screening

Dear Doctor,

This student has undertaken an online TB Screening Questionnaire which indicates the need for further TB screening prior to the commencement of their clinical placement.

**Please arrange for an IGRA (Interferon gamma release assay) blood test to be undertaken, also known as QuantiFERON-TB Gold Plus (QFT-Plus).** The cost of this test is borne by the student (approx. \$70).

### Screening Instructions

#### Defer the IGRA if the student has had

- > a fever or infection in the past month
- > received any live vaccinations in the past month (e.g. measles-mumps-rubella (MMR), yellow fever, chicken pox (varicella), shingles)

#### Ordering the IGRA

- > ADD SA TB Services (RAH) as a recipient of the result on the pathology request form. We must maintain the state-wide database for TB screening results.
- > Test results take 5-10 business days to receive from SA Pathology.

#### Assessing IGRA results

1. **Refer to Chest Clinic TB doctor if**
  - a. IGRA **positive** (>0.35)
  - b. Any **immune suppressed** individual irrespective of IGRA result
2. If **negative** result, student can then be cleared for clinical placement
3. If **indeterminate** result, test should be repeated
  - a. If repeat test remains indeterminate, **discuss with CC doctor** (7117 2967)

#### Clearing the student for placement

- > For all students with **negative** IGRA results, please provide them with evidence that they can file with their course coordinator prior to clinical placement  
This can be completed by:
  - Sign-off in the appropriate place on a student's immunisation form
  - Letter from the doctor stating that the student has completed their TB screening requirement

#### Referring to the Chest Clinic

- > If a student fits the criteria for referral to the Chest Clinic (as outlined above), complete the referral form on the reverse of this letter and fax to 7117 2998
- > Students referred to the Chest Clinic for further assessment will receive their clinical placement clearance from the TB doctor

Please call our clinic on 7117 2967 if you have any queries.  
Thank you in advance.

Kind regards,

SA TB Services  
Royal Adelaide Hospital

### For more information

Royal Adelaide Hospital, Chest Clinic  
SA TB Services  
Telephone: (08) 7117 2967 Fax: (08) 7117 2998  
Monday-Friday, 8:45am-4:45pm



## REQUEST FOR OUTPATIENT APPOINTMENT

### Student healthcare worker assessment

Referral to	<b>SA TB Services</b>	Hospital	RAH
FAX	7117 2998	Phone	7117 2900

### Student Details

First Name		Last name	
DOB	/ /		
Address			
Phone			

Date of Referral	/ /
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Reason for Referral (circle one)	<p><b>POSITIVE IGRA</b> or <b>IMMUNESUPPRESSED</b> (regardless of IGRA result)</p>
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Notes	
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### Referrer Details

Name	
Practice	
Address	
Phone	
Signature	