

Tuberculosis Resources and Sample Policies

SECTION 1: Resources

A. Resources and Key Numbers

Public Health –Seattle & King County TB Control Program

Main line: (206) 744-4579

For questions and advice related to clients with TB symptoms

Public Health – Health Care for the Homeless Network

Main line: (206) 296-5091

- For training and technical assistance requests
- For assistance with health questions on intake forms
- For help figuring out where to refer clients with symptoms
- For requests for training videos, DVDs and/or posters
- To offer feedback on these TB Guidelines

Harborview Medical Center (HMC)

Emergency Department: (206) 744-3074

- Please alert the HMC Emergency Department if you are referring clients with serious TB symptoms, such as coughing up blood.

Harborview Community Care Line: (206) 744-2500

- Consulting nurse for advice and guidance.
- Available 24 hours/day

D. TB Information & Education Resources

Contact the following for more information or to order TB educational materials:

- Centers for Disease Control and Prevention
Request line for free brochures, posters, and videotapes (888) 232-3228
<http://www.cdc.gov/tb>
- Website for TB Education & Training Resources
<http://www.findtbresources.org/>
- Curry International Tuberculosis Center
<http://www.currytbcenter.ucsf.edu/>
- Public Health - Seattle & King County/ Tuberculosis (TB) Control Program
Tuberculosis Control Program at Harborview Medical Center 325 Ninth Avenue, Box 359776
Seattle, WA 98104
(206) 744-4579
- Washington State Department of Health
TB Program 360-236-3443
<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis>

B. Local & National TB Trends

Annual TB reports of the national, Washington state, and King County are available on-line:

- CDC: <http://www.cdc.gov/tb/>
- WA State: <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis>
- Seattle/King County: <http://www.kingcounty.gov/healthservices/health/communicable/TB.aspx>

E. Tuberculosis Fact Sheet

Tuberculosis Fact Sheet for Homeless Services Providers: Staff and Volunteers

What is TB? TB is caused by the tuberculosis bacteria. TB often affects the lungs, but can affect other parts of the body. People living homeless have a higher risk than the general population for being infected with the TB germ. These factors lead to weakened immune systems, leaving people vulnerable to disease.

How is TB spread? When a person sick with active TB disease coughs into the air, others may breathe the airborne germs into their lungs and become infected. Usually a person has to spend a lot of time with the sick person to become infected. Short periods of time- like an elevator ride, passing in a hallway or a bus ride across town- is not usually long enough for transmission of germs to occur. TB is spread through the air, you *can't* get it from someone's clothes, glass, toilet, a handshake, or body fluids.

What is the difference between latent TB infection and TB disease? There is a big difference between TB infection and disease. It's important for you to know the difference between infection and active disease in order to give accurate information to clients/staff and to reduce fear about TB in your agency.

- When a person has **active TB** they are sick- often they have a persistent cough, feel tired and run-down, and lose weight. They may have fever, chills and night sweats. Some may cough up blood. Many are sick for months before seeking help and learning they have TB. Their chest x-ray is abnormal. The TB germs are growing and multiplying in their body. Only a person with active disease in the lungs can spread TB to others, especially if they have a cough.
- A person with latent **TB infection** will usually have a positive skin test (PPD or TST) or a positive blood test (QFT or TSpot). They have no symptoms, their chest x-ray is normal, and they cannot spread the disease to others. The germs are inactive, or dormant in their body. At some point in the infected person's lifetime the disease could become active.

What conditions increase risk for developing active TB disease? Some conditions weaken the immune system. Some examples are: diabetes, renal disease, and some treatments for organ transplants, cancer, and rheumatoid arthritis can increase the chance of developing active disease. People with HIV infection are at especially high risk for rapidly developing active disease.

What is my risk for catching TB? People living homeless have a higher risk of having TB, if you work where you have frequent contact with homeless people, you may be at increased risk for infection. Staff/volunteers are encouraged to assess their own personal risk, especially if you have a medical condition that affects your immune system.

Is treatment available? Yes, active TB and TB infection can be treated. TB is preventable and curable.

What can we do to reduce the risk of TB transmission at our facility?

- Assess your site's TB risk based on TB Guidelines and create TB policy accordingly.
- Participate with Health Department investigation when an active case occurs at your facility.
- Be on the alert for clients who have TB symptoms: persistent cough, weight loss, and fatigue. Bring such clients to the attention of the facility supervisor or nurse. Refer the client to a primary care provider or clinic for evaluation and chest x-ray. If you have questions about a particular individual, you can call the TB Control Program triage nurse for advice at 206-744-4579. Prompt evaluation of symptomatic clients can prevent the spread of disease to others.

F. Tuberculosis & The Law

Washington Administrative Code, Section 246-170 pertains specifically to TB prevention, treatment, and control. The WAC states that “Each county, city-county and district health officer is responsible for the control of tuberculosis within a jurisdiction. Each health officer shall act as or shall designate a physician to act as tuberculosis control officer. This individual shall coordinate all aspects of the prevention, treatment, and control program.” **For King County, Dr. Masa Narita serves as the TB Control officer.**

TB is a condition that is subject to mandatory reporting—that is, when a health care provider or health care facility in King County confirms a case of TB, they must report it to Public Health.

WAC 246-101-425 Responsibilities of the general public.

(1) Members of the general public shall:

- (a) Cooperate with public health authorities in the investigation of cases and suspected cases, or outbreaks and suspected outbreaks of notifiable conditions or other communicable diseases; and
- (b) Cooperate with the implementation of infection control measures, including isolation and quarantine.

(2) Members of the general public may notify the local health department of any case or suspected case, or outbreak or potential outbreak of communicable disease.

[Statutory Authority: RCW 43.20.050 00-23-120, § 246-101-425, filed 11/22/00, effective 12/23/00.]

WAC 246-170 Responsibilities of Public Health.

The WAC requires that Public Health provide the following:

- (1) Each local health department shall assure the provision of a comprehensive program for the prevention, treatment, and control of tuberculosis. Services shall include:
 - (a) Prevention and screening, with emphasis on screening of high risk populations;
 - (b) Diagnosis and monitoring, including laboratory and radiology;
 - (c) Individualized treatment planning consistent with American Thoracic Society/Centers for Disease Control and Prevention statements based on the least restrictive measures necessary to assure appropriate treatment; and
 - (d) Case management.
- (2) In the absence of third party reimbursement, the local health department shall assure the provision of inpatient or outpatient care, including DOT/DOPT and case management.
- (3) Each local health department shall maintain a register of all diagnosed or suspected cases of tuberculosis. In addition, each local health department shall also maintain a register of individuals to whom that health department is providing preventive therapy. Quarterly status reports on suspected and diagnosed cases shall be furnished to the department of health tuberculosis control program.

- (4) A physician knowledgeable in the diagnosis and treatment of tuberculosis approved by the department shall be available to provide review of diagnoses, plans of management and, if appropriate, discharge from inpatient facilities.
- (5) Sufficient nursing, clerical, and other appropriate personnel shall be provided to furnish supervision of preventive and outpatient treatment, surveillance, suspect evaluation, epidemiologic investigation, and contact workup.

[Statutory Authority: ESB 6158 and chapter 70.28 RCW. 95-04-035, § 246-170-031, filed 1/24/95, effective 1/24/95.]

WAC 246-170-051 Procedures for involuntary testing, treatment, and detention.

- (1) A local health officer shall make reasonable efforts to obtain voluntary compliance with requests for examination, testing, and treatment prior to initiating the procedures for involuntary detention.
- (2) If the local health officer has reason to believe that:
 - (a) A person is a suspected case, and that the person has failed to comply with a documented request from a health care practitioner or the local health officer to submit to examination and testing;
 - (b) A person with confirmed tuberculosis is failing to comply with an individual treatment plan approved by the local health officer;
 - (c) A person who is either a suspected or confirmed case and is failing to comply with infection control directives issued by the local health officer; or
 - (d) A person is a suspected or confirmed case of tuberculosis based upon generally accepted standards of medical and public health science. A local health officer shall investigate and evaluate the factual basis supporting his or her "reason to believe"; then the health officer may detain the person, cause the person to be detained by written order, or petition the superior court ex parte for an order to take the person into emergency detention for testing or treatment, or both. The period of detention shall not exceed seventy- two hours, excluding weekends and holidays.

- (3) At the time of detention the person detained shall be given the following written notice:

NOTICE: You have the right to a superior court hearing within seventy-two hours of detention, excluding holidays and weekends. You have the right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you should request the appointment of counsel at this time. If you currently have legal counsel, then you have an opportunity to contact that counsel for assistance.

You have a right to contest the facts alleged against you, to cross-examine witnesses, and to present evidence and witnesses on your behalf.

You have a right to appeal any decision made by the court.

You may be given appropriate TB medications only on your informed consent, or pursuant to a court order.

- (4) If a person is involuntarily detained under this section, within one judicial day of initial detention, the

local health officer shall file with the superior court in the county of detention a petition for detention. A petition filed under this section shall specify:

- (a) The basis for the local health officer's belief that the respondent is either a suspected or confirmed case; including the name, address and phone numbers of whom the health officer expects to testify in support of the petition for detention and identification of any and all medical tests and records relied upon by the local health officer;
 - (b) The specific actions taken by the local health officer to obtain voluntary compliance by the respondent with recommended examination and testing or treatment, as the case may be;
 - (c) The nature and duration of further detention or other court-ordered action that the local health officer believes is necessary in order to assure that the respondent is appropriately tested or treated;
 - (d) The basis for believing that further detention or other court-ordered action is necessary to protect the public health; and
 - (e) Other information the local health officer believes is pertinent to the proper resolution of the petition.
- (5) Service on respondent. The health officer shall serve a copy of the petition on the individual named therein at the time of the detention. If the person informs the health officer that he or she is represented by legal counsel, service on such counsel shall be made by delivering a copy of the petition to the attorney's office no later than the time of filing the petition with the superior court.

[Statutory Authority: ESB 6158 and chapter 70.28 RCW. 95-04-035, § 246-170-051, filed 1/24/95, effective 1/24/95.]

SECTION 2: Sample Policies and Handouts

G. Sample Symptom Questionnaire

Tuberculosis Screening for Staff Annual Symptom Check Sheet

Every employee who has a documented positive TB skin or blood test will fill out this questionnaire on an annual basis. The employee should remain alert for these symptoms and contact their health care provider if these symptoms occur at any time.

Date:

Name:

- | | | |
|--|-----|----|
| • Have you had a new cough for the last 3 weeks? | Yes | No |
| • If you have a chronic cough, has it become worse? | Yes | No |
| • Do you ever cough up blood? | Yes | No |
| • Have you had unplanned weight loss in the last 3 months? | Yes | No |

If the answer is yes to any of these questions, employee will bring a written statement from her/his health care provider indicating that s/he is free from communicable disease.

I have answered these questions honestly and to the best of my ability.

Employee signature _____

H. Sample TB Policy for Homeless Agencies

Policy: Tuberculosis

Date:

PURPOSE:

TB is both preventable and curable if diagnosed and treated in a timely fashion. Therefore, to ensure to the best extent possible the safety of staff, volunteers and clients, **[name of agency]** has instituted the following guidelines.

POLICY:

All staff, volunteers, and clients are required to have tuberculosis (TB) screening and appropriate follow-up. In addition to this policy, the agency promotes education and practices to minimize the risk of infection.

PROCEDURES:

Staff screening and education:

1. All staff and volunteers must have (1) a TB skin or blood test and (2) a symptom assessment prior to starting work. Subsequent testing frequency should be determined in consultation with local TB Program.
 - a. Two step testing: Staff or volunteers that have not had documented TB screening with a skin test within the last 12 months are requested to undergo two-step baseline TB skin testing (1-3 weeks apart) if possible or have a blood test.
 - b. Positive test: If the TB test is positive (or if documented previous positive), new employees must have a chest x-ray and/or a statement from a physician indicating that he/she is free from communicable disease.
 - c. Annual screening for employees with previous positive tests: If there is no documentation, the skin or blood test should be repeated.
For all employees: S/he should fill out a TB symptom assessment (questionnaire attached to TB policy) to identify any symptoms of active TB and have it evaluated by a health care provider. Employees with suspected pulmonary TB will be excluded from work until a written physician clearance is obtained.
2. All staff and volunteers will be provided information prior to the first day of work about the increased risk of exposure to TB when providing services to homeless clients. They will also be provided with a list of medical conditions that increase one's risk of developing active TB so that each person can make their own personal assessment of risk.
3. Results of TB screening remain strictly confidential and are treated as personal medical information.
4. All staff will instruct coughing persons to cover their mouths and offer masks and/or tissues. [See cough alert policy.]
5. All staff and volunteers are required to attend an annual TB prevention training from a community provider or agency staff person. Documentation of attendance at training will be kept on agency file.
6. All new staff and volunteers will be provided a copy of the **[agency name]** TB policy within two weeks of hire and will view the video, "Shelters and TB: What Staff Needs to Know" produced by the Curry National TB Center.
7. **[Name of person]** is the TB Liaison and serves as a health resource for staff and clients, coordinates client TB training, and orders and distributes TB educational materials.

Client/guest assessment and monitoring:

8. To assist clients in meeting their health needs, all clients shall receive an initial health assessment regarding TB and other health issues. The health assessment will be conducted by _____.
9. Identify and appropriately refer clients with symptoms of TB. **[See cough alert policy also.]**
- a. All staff must be proactive in identifying a person who is coughing or who has TB-like symptoms. Symptoms of TB are a progressive cough lasting three weeks or more, fever, fatigue, night sweats, unexplained weight loss and coughing up blood.
 - b. Immediately provide this person with tissues or a mask to cover their cough and notify the agency's designated TB liaison person.
 - c. Conduct interviews with clients with TB-like symptoms in a well-ventilated room or outside. Suggested symptom assessment questions to ask are:
 - i. Have you had a new cough for the last 3 weeks?
 - ii. If you have a chronic cough, has it changed or become worse in the last 3 months?
 - iii. Do you ever cough up blood?
 - iv. Have you lost weight in the last 3 months?
 - v. Do you sweat a great deal at night?
 - vi. Have you had fevers in the last 3 weeks?
10. TB education for clients/residents will be provided annually and educational posters will be placed where clients can see them.

Environmental policies:

11. Environmental measures to reduce the risk of TB transmission will be followed:
- Order and stock tissues, masks, and place plastic-lined waste baskets in convenient locations
 - Open doors and windows to allow for adequate ventilation as much as possible
 - Position beds head-to-foot where possible
 - Arrange for regular maintenance of ventilation system
 - Replace lint air filters with pleated type filters.

I have read and understand the above TB policy. I have also read and understand:

Tuberculosis Fact Sheet for Homeless Services Providers: _____

Think Tuberculosis!: _____

Cough Alert Policy: _____

Signature: _____ Date: _____

I. Sample Cough Alert Policy

Public Health – Seattle & King County COUGH ALERT POLICY AND PROCEDURES For Homeless Service Providers in King County

Purpose: For the early identification of active TB cases and the prevention of TB transmission in emergency shelters, day centers, transitional housing programs, SROs, safe havens, supportive housing, and other social service programs.

Problem: Unsuspected active TB can result in extensive spread to agency staff and clients. In Seattle-King County, homeless TB cases increased by 65% in 2002 and approximately 30% of all homeless TB cases were HIV infected. Malnutrition and other debilitating medical conditions are common among the homeless and substance users entering shelters and the sobering centers, putting them at increased risk of TB exposure and progression to active TB disease.

The “cough alert” policy has been developed to protect the safety of homeless agency clients and staff from tuberculosis. Homeless agency employees play a key role in detecting communicable diseases because of familiarity with the clientele and facilities. This policy is to be implemented by facility staff working closely with clients. The cough alert should be instituted as defined below:

Definition:

1. Individuals coughing throughout the night or
2. Patient coughing for more than 2-3 weeks without improvement (especially if [1] the cough is accompanied with weight loss, night sweats and fever or [2] patient coughing up blood)

Procedures:

1. Instruct the client to cover nose and mouth when coughing and offer a mask or tissue to use.
2. Record the date, client name, dates served and give the information to assigned supervisor
3. Assigned agency staff will notify the coughing client confidentially that a medical evaluation is needed within 48 hours, and will assist the client in arranging an evaluation with their primary care provider or community clinic.
 - Evaluation should occur ASAP through one of the following mechanisms:
 - Client’s own primary care provider
 - Health Care for the Homeless Nurse (if program has one on-site)
 - Community clinic or public health clinic (for example: Pioneer Square Clinic (206) 744-1500)
 - TB Control Program triage nurse: 206-744-4579
 - Harborview Urgent Care: 206-744-3074 (especially if client is coughing up blood)
4. [Agency should insert specific procedure here, or replace above as appropriate]

Adapted with permission from the City & County of San Francisco Department of Public Health TB Control Department.

J. Sample Posters to Make & Post at Your Agency

Posters can be tailored to your facility or program.

PLEASE COVER YOUR COUGH

- If you are coughing frequently, please ask a staff person for a mask or tissues.
- Thanks for helping prevent the spread of colds, tuberculosis (TB), and the flu.

FLU SEASON IS HERE

- Please cover your mouth when you cough.
- Coughing spreads colds, tuberculosis (TB), and the flu.

TUBERCULOSIS (TB) SPREADS THROUGH COUGHING

- Please cover your mouth when you cough
- Please use a tissue or a mask to cover your cough

DO YOU HAVE TUBERCULOSIS (TB) SYMPTOMS?

- A chronic cough lasting more than 3 weeks?
- Weight loss?
- Night sweats lasting more than 3 weeks?
- Fever lasting more than 3 weeks?
- Bloody phlegm or sputum?

If yes, please talk to a staff person who will help you see a nurse or other health care provider.

- TB is treatable and curable
- Treatment for TB is free

K. Sample Handout for Staff

Think Tuberculosis (TB)

For Staff Working in Homeless Shelters & Day Centers

Help identify clients that have TB symptoms. Untreated, TB can kill people. Seattle-King County experienced a serious rise in TB among homeless people in 2002-03. TB is treatable and curable at no cost to the person sick.

Does the client have one or more TB symptoms?

- A cough that lasts longer than 3 weeks?
- Weight loss?
- Night sweats lasting more than 3 weeks?
- Fever lasting more than 3 weeks?
- Bloody phlegm or sputum?

What to do:

- Ask the client to cover their cough: offer tissues & masks.
- If your program has an on-site nurse, refer the client to the nurse.
- Help the client get evaluated by a primary health care provider. Clinics such as Pioneer Square Clinic, Downtown Public Health Center, Pike Market Medical Clinic, Seattle Indian Health Board and Harborview are choices in the downtown Seattle area. **[Tailor as appropriate for your agency's location]**
- If the client is coughing up blood, this is a serious symptom. Day or night, help them get to health care. Send client to Harborview Urgent Care if needed.

Guidance & Advice:

For guidance on where to direct a symptomatic client:

- TB Clinic Triage Nurse: (206) 744-4579.
- Pioneer Square Clinic (206) 744-1500
- Harborview Emergency Department: (206) 744-3074

To request technical assistance on TB training, policies, and masks/tissues:

- Healthcare for the Homeless Network (206) 263-5091