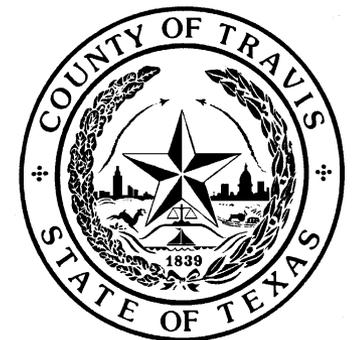


# Tuberculosis

## Infection Control and Contact Investigations in Congregate Setting



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Public Health Program Specialist*



# TB Infection Control

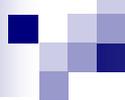
- Infection control planning and implementation
- TB infection control components
  - Environmental controls
  - TB screening and testing
  - Identification and isolation of potentially infectious patients
  - Training and education
  - Record keeping



Resource:

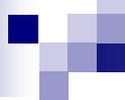
Tuberculosis Infection Control Manual. By Curry International Tuberculosis Center

[http://www.currytbcenter.ucsf.edu/TB\\_IC/docs/IC\\_book\\_2011.pdf](http://www.currytbcenter.ucsf.edu/TB_IC/docs/IC_book_2011.pdf)



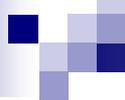
# Infection Control Planning and Implementation

- Plan ahead and put it in writing
- Tell workers that you have a plan and where to find it
- Update your plan as needed
- Designate a person to implement the plan. This person is responsible for:
  - Distributing this policy to all covered staff persons
  - Coordinating TB screenings and documenting results
  - Ordering and displaying educational brochures and information
  - Conducting or scheduling staff trainings



# Environmental Controls

- Promote ventilation and air circulation
  - Open windows, doors or skylights as often as possible
  - Monitor and clean ventilation systems
  - Turn on fans to mix the air, increase directional air flow in a room and quickly dilute and remove TB droplets.



# Environmental Controls (Cont'd)

- Consider Installing UV lights
- Whenever possible install High-Efficiency Particulate Air (HEPA) filters.
- Provide tissues and masks and instruct staff and clients to cover their cough.
  - Reinforce this behavior with signs and verbal reminders

# Environmental Controls (cont.)

- Place each bed as far from the neighboring beds as possible, with head-to-foot arrangement.
- Create a bed map to help identify clients exposed to a TB case
- Always look out for TB symptoms.
  - Implement a “cough alert” policy: listen for chronic coughers and take action.

# Recommended TB Screenings

Recognizing patients with active TB disease is the first step in managing the exposure risk in congregate settings

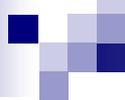
- The most common test for TB infection is the TB skin test. A new blood test is also available.



RBJ Clinic offers TB testing

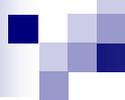
<http://www.austintexas.gov/department/tuberculosis>

- Screening for TB disease consists of TB disease symptom review and possibly chest x-ray and sputum examination.



# Staff and Volunteer Screening

- All regular, contract, temporary and volunteer staff who expect to work with clients for more than 10 cumulative hours must have a TB skin test and a symptom assessment prior to, or on the first day of employment
- Annual follow up testing and/or TB screening should be provided thereafter.



# Client Screening

- All clients should have a TB screening at admission as part of your intake assessment.
  - Observe clients and question them about symptoms of TB.
  - If symptoms are present, refer them to a primary care provider or the RBJ clinic for evaluation and chest x-ray.

# Client Screening

- It is not intended that staff or volunteers diagnose illness, but rather they should be aware that a person may be infectious.
- Individuals with the following symptoms should be considered suspicious and must be evaluated for TB.
  - Coughing up blood
  - Persistent cough that lasts for more than three weeks
  - Fever
  - Night sweats
  - Chills
  - Weight loss
  - No appetite Weakness or fatigue

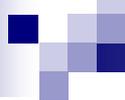
# Identification and Isolation of Potentially Infectious Patients

- All staff must be proactive in identifying a person who is coughing or who has TB-like symptoms.
- Individuals with suspected or confirmed disease must be:
  - isolated from the general population
  - instructed to use masks over the nose and mouth
  - Monitored to ensure that they are wearing respiratory protection.



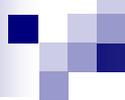
# Training and Education

- All employees and volunteers must receive initial training that includes:
  - Review and explanation of the agency's TB prevention and control policies
  - Review of educational material on TB that addresses the mode of spread, the common signs and symptoms, and methods for treatment and prevention.
  - Information on local resources for TB care



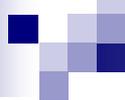
# Training and Education (cont.)

- Annual or periodic training must be offered thereafter and could be provided in a variety of ways such as:
  - Webinar
  - Presentation by a trained staff person
  - Presentation by a community provider



# Additional Testing

- TB testing may also be necessary for staff, volunteers and clients after a known exposure to someone with infectious TB disease



# Record Keeping

- These records must be kept for at least 6 months.
  - Accurate and complete client records
  - Legible, dated attendance logs
  - Bed map to help identify clients exposed to TB
  - Client TB screening records

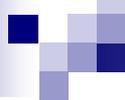
What if...

You've done your  
part.....

BUT

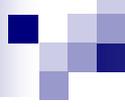
TB still happens...





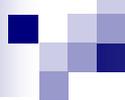
# TB Contact Investigations

- Contact investigations are complicated activities that require:
  - Many interdependent decisions
  - Time-consuming interventions



# Factors to Consider

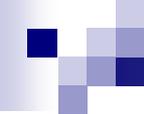
- Infectiousness of the patient with active TB
- Characteristics of the person exposed
- Ventilation and airflow
- Proximity of exposure
- Time spent with the index patient
- Situations that would alter the risk of infection
  - Masks, isolation areas, carpools



# Field Investigation Plan

- Assessment of the need and scope of the investigation
- Management staff notification
- Onsite assessment
- Contact testing
  - One or two rounds of testing
- Expansion of Investigation as needed





Thank you!

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