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Tuberculosis Control Program	ACA Standards: 2-CO-4E-01, 4-4354M, 4-4355M, 4-4386, 4-ACRS-4C-08, 4-ACRS-4C-09		
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Tuberculosis Control Program

The Tuberculosis (TB) control program addresses the management of this communicable disease for inmates under the authority, custody or care of a prison or a community-based facility operated by or contracted with the Oklahoma Department of Corrections (ODOC). The plan includes procedures for initial and ongoing testing for infection, surveillance, treatment (including treatment of latent tuberculosis), follow-up, isolation (when indicated), and reporting requirements to applicable local, state, and federal agencies. (4-4355M, 4-ACRS-4C-09)

I. Program Components

A. Risk Assessment Statement

The Department of Corrections meets the intermediate risk level criteria established by the Centers for Disease Control (CDC) in "Guidelines for

Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings, 2005” due to the nature of the inmate population.

B. Communicable Disease Team (4-4354M)

1. Correctional health service administrators (CHSA) will institute a multidisciplinary team that includes clinical, security, administrative representatives, and the designated facility infection control nurse. The team will meet at least quarterly and will maintain minutes of the meetings.
2. The team will review the progress of all inmates in the facility that have active TB or latent TB infection (LTBI), the progress of contact investigations and will review facility results of the annual TB screening.

C. Infection Control Nurse

The CHSA for each facility will designate an infection control nurse, either a registered nurse (RN) or licensed practical nurse (LPN), who will be ultimately responsible for the required duties of the infection control nurse as outlined in this procedure.

1. In addition to being a member of the communicable disease team, the designated infection control nurse will identify, implement, and maintain all components of the TB control program at their facility.
2. This infection control nurse will report all suspected or active cases of TB to the team, the Oklahoma State Department of Health, and the agency nurse manager of infection control in Medical Services.
3. The infection control nurse will work in collaboration with the appropriate community health departments and facility personnel as well as Medical Services.

D. Safety Officer

The facility's safety consultant, or qualified designee, and the CHSA or designee will implement and maintain all institutional engineering/environmental controls.

E. Airborne Infection Isolation Rooms (AIIRs)

1. Inmates will be placed in TB isolation (AIIR) immediately if active TB is suspected or confirmed. If the inmate in need of isolation is at a facility that has no AIIRs, the inmate will wear a mask and be taken outside in the open air until transport to a facility with an AIIR is accomplished. The inmate will remain in isolation until no longer infectious or until a release is obtained from a medical provider.

2. In facilities that have AIIRs, the infection control nurse will ensure the performance of a daily check for negative air pressure on each AIIR that is currently occupied, as well as monthly checks for each unoccupied AIIR.
 - a. The results of each check for each AIIR will be documented on the "Airborne Infection Isolation Room Checklist" ([DOC 140301A](#), attached) and the checklist for the current month will be prominently displayed on the outside of each AIIR.
 - b. At the end of each month the infection control nurse will maintain a file of the prior checklists and ensure a current checklist for the new month is prominently displayed on the outside of each AIIR.
3. The Safety Administration Unit will ensure the testing/certification of all AIIR's are in accordance with [OP-150501](#) entitled "Tuberculosis Isolation Cell Infection Control."
4. Negative air pressure is interrupted when the door to the AIIR is open. When in use, the door to an AIIR must remain closed. The door will only be open long enough to allow entrance to, or exit from, the room. All staff entering the room will wear a respirator that has been fit tested. The inmate with suspected or confirmed TB will wear a mask when leaving the AIIR and at all times when outside the room.

F. Personal Respiratory Protection

Respiratory protection for employees shall be in accordance with the "Respiratory Protection Program Guideline" ([OP-140116](#) and MSRM 140301-01).

G. Educational Training

1. The facility CHSA or designee will provide education for employees and inmates.
 - a. Qualified personnel will provide education to all inmates during the assessment and reception phase and to all new employees during orientation and annual in-service. Correctional officer cadets will receive additional training at the Cadet Academy.
 - b. Education will include information regarding the control, treatment, and prevention of tuberculosis.
2. Ongoing education will include information on tuberculosis screening and testing, special supervision of medications, special

housing arrangements (respiratory isolation), and protection of individual confidentiality.

H. TB Testing & Surveillance (4-4355M, 4-ACRS-4C-08)

1. Inmates Upon Reception

All inmates entering the ODOC system will be evaluated for tuberculosis within 72 hours.

- a. Any inmate with signs and/or symptoms of TB, regardless of tuberculin skin test (TST) result, will be placed in a mask and referred immediately to a medical provider for evaluation and consideration for placement in an AIIR until disease is ruled out or a release by a medical provider is obtained.
- b. Inmates with a documented prior positive TST will be evaluated based on answers to the "Tuberculosis Questionnaire" ([DOC 140301D](#), attached) documented in the electronic healthcare record (EHR), and will have a baseline chest x-ray (CXR) reviewed by a qualified radiologist and may further be interpreted by the Oklahoma State Department of Health (OSDH).
- c. Inmates with a prior negative TST, or no prior testing, will undergo skin testing according to the "Tuberculin Skin Test Guideline" (MSRM 140301-03). This includes two-step testing if indicated.
- d. Escapees who are returned to ODOC custody will be evaluated for TB within 72 hours. A "Tuberculosis Questionnaire" will be completed in the EHR and, if the previous TST was negative, the inmate will be skin tested according to the "Tuberculin Skin Test Guideline" (MSRM 140301-03).

2. New Employees (4-4386)

- a. All new employees will be evaluated for TB prior to being given a job assignment in accordance with [OP-140116](#) entitled "Employee Physical Examinations and Medical Screenings." Employees with a history of negative tuberculin skin tests or no history of testing will undergo testing according to the "Tuberculin Skin Test Guideline" (MSRM 140301-03).
- b. A Tuberculosis Questionnaire" ([DOC 140301D](#)) will be completed by all employees with a previously documented past positive TST. Documentation of the positive TST and

the TB Questionnaire will be filed in the employee's confidential health record.

- c. Employees with a past history of negative skin tests, or no prior skin testing, will undergo two-step skin testing according to the "Tuberculin Skin Test Guideline" (MSRM 140301-03).
- d. Any employee with signs and/or symptoms of TB, regardless of TST result, will be placed in a mask and sent immediately to their local health department or private physician for evaluation. The employee must provide written clearance to the infection control nurse to be able to return to work.

I. Tuberculin Skin Test (TST)

1. Tuberculin skin testing will be provided according to the "Tuberculin Skin Test Guideline" (MSRM 140301-03) and documented on the EHR.
2. The "Tuberculosis Summary Record" ([DOC 140301C](#), attached) will be initiated in the EHR at the time the first TB evaluation is begun and will contain all relevant information regarding tuberculosis.
3. Documentation of a prior positive TST requires a written record of the TST; including date, reading, signature of the person reading the test, and place where the TST was performed. Verbal reports of prior TST results will not be accepted.

J. HIV Infected Inmates and Employees

1. Inmates

Upon reception, identified HIV infected inmates will have a baseline CXR in addition to the "Tuberculosis Questionnaire" ([DOC 140301D](#)) and/or TST.

2. Employees

Upon hire, HIV infected employees are recommended by the CDC to have a baseline chest x-ray regardless of TST result. The employee may have the CXR performed by their private physician or local health department at their own expense.

K. Annual TB Testing (4-4386)

(Revision-01 06/07/2016) Annual testing includes all inmates who have completed reception TB testing and all employees working in a facility who have completed the new hire TB screening. The annual TB testing is mandatory for all employees and inmates.

1. The chief medical officer will determine the annual dates for TB testing and evaluations. Inmate movement is suspended during those dates.
2. Anyone with a prior negative TST will be evaluated according to the "Tuberculin Skin Test Guideline" (MSRM 140301-03).
3. Anyone with a documented prior positive TST will be evaluated by completing a "Tuberculosis Questionnaire" ([DOC 140301D](#)) in the EHR for inmates and hardcopy for employees.
4. Results of all evaluations will be recorded in the EHR for the inmates and in the employee's health record for the employee.
5. (Revision-01 06/07/2016) The summary of TB testing results are recorded on the "Annual TB Summary Form" ([DOC 140301F](#), attached). Inmates and employees will be documented on separate forms by each facility. These forms are faxed or scanned to the agency's nurse manager of infection control.
6. All inmates that have completed the TB evaluation process at a reception center are included in the annual surveillance program. All employees that have completed the TB screening for new hires are included in the annual surveillance program.
7. (Revision-01 06/07/2016) The nursing staff will submit a list of inmates who did not receive their TB test to the correctional health services administrator (CHSA) and the office of the Chief Medical Officer at the end of 72 hours.
8. (Revision-01 06/07/2016) The CHSA will submit a list of employees who did not receive their TB test to the warden or facility head and the office of the Chief Medical Officer at the end of 72 hours.

L. TB Suspects

1. Inmates considered for isolation based on answers on the "Tuberculosis Questionnaire" ([DOC 140301D](#)) will have a chest x-ray and sputum collection in accordance with [Attachment A](#) entitled "Sputum Collection" (attached).
2. Employees considered for isolation based on answers on the "Tuberculosis Questionnaire" ([DOC 140301D](#)) will be placed in a mask and instructed to leave work, and will be referred immediately to their private physician or local health department for further evaluation.

M. Chest X-Ray (CXR)

1. For all facilities, inmate chest x-rays that are TB related will be interpreted by a radiologist or be submitted to the OSDH for evaluation.
 - a. Chest x-rays interpreted by a radiologist as being negative are not required to be submitted to OSDH, but may be referred for further evaluation by OSDH if clinical suspicion indicates.
 - b. (Revision-01 06/07/2016) In addition to the CXR's, a copy of the most recent "Tuberculosis Questionnaire," ([DOC 140301D](#)) the "Tuberculosis Monthly Monitoring" form (MSRM 140301.04.1) and any prior chest x-rays will be sent to the OSDH if indicated.
2. (Revision-01 06/07/2016) Employees found to have converted their TST during annual TB testing or during a contact investigation must report to their local health department or private physician at their own expense. The employee must provide clearance by a medical provider to return to work. This is mandatory.

N. Transporting TB Suspects or Cases by Vehicle

The following procedures will be followed when transporting an inmate with suspected/confirmed TB:

1. Only the necessary staff and the TB suspect/case will be in the vehicle.
2. Preparation for the Transport
 - a. The inmate will be provided with a mask to wear over his or her mouth and nose during transport. Enough surgical masks are to be made available for the entire journey. These masks will be changed if they become wet or torn.
 - b. The receiving facility will be made aware a TB suspect/case is en route and provided with the approximate arrival time.
 - c. The receiving facility will ensure continuity of care and that appropriate isolation precautions are in place.
3. At all times, all transporting staff will wear respirators that have been successfully fit tested.
4. When the TB suspect/case is in the vehicle, all windows will be fully open at all times.

5. Ventilation controls will be set to fresh air or vent settings, rather than the recirculation setting, regardless of the outside weather.
6. Ventilation controls will be set on high.

After transport, only the staff involved with the initial transport will be in the vehicle for the return trip to the facility. Ventilation controls will be maintained as outlined in this procedure and staff will continue to wear their respirators. Windows will remain in the down position for at least an hour after the case/suspect has left the vehicle. A sign should be placed on the vehicle indicating when the vehicle can be used again.

O. Treatment

1. All medications used to treat active TB or LTBI will be administered under directly observed therapy (DOT).
2. Treatment recommendations for active TB will be at the direction of the OSDH TB Control Officer in accordance with "Tuberculosis Treatment Guidelines" (MSRM 140301-04).
3. Treatment recommendations for LTBI are found in the "Morbidity and Mortality Weekly Report" (MMWR), "Treatment of Tuberculosis," June 20, 2003/Vol. 52/No. RR-11 and in accordance with "Tuberculosis Treatment Guidelines" (MSRM 140301-04).

P. Refusal

1. LTBI (Latent)

Inmates who refuse treatment for LTBI will be counseled on the risks associated with refusal and are required to sign a "Preventive Therapy Waiver for Tuberculosis (TB) Infection" ([DOC 140301E](#), attached). If the inmate refuses to sign, two witnesses will sign the form and the facility medical provider will document the educational information given to the inmate in the progress notes of the medical record.

2. Active TB

Treatment for active TB cannot be refused. Any inmate with active TB who refuses treatment will be isolated in an AIIR and reported to the chief medical officer immediately.

Q. Directly Observed Therapy (DOT)

Directly observed therapy (DOT) will be utilized for all inmates receiving treatment for active TB or LTBI. DOT is direct observation of actual medication ingestion. The mouth will be checked to ensure the

medication was ingested. No inmate will be allowed to possess TB medications.

R. TB Reporting

Any inmate placed in an AIIR or hospital for reasons related to tuberculosis is considered a TB suspect. The facility infection control nurse will report a TB suspect immediately to the agency's infection control nurse manager. This notification will be sent by utilizing the communication area in the EHR. The notification should include confirmation of a completed TB questionnaire by the inmate, and any other pertinent information. The facility's CHSA and the communicable disease team will also need to be notified. The chief medical officer (CMO) will be notified within one working day.

S. Contact Investigation

A mandatory TB contact investigation as outlined in the "TB Contact Investigation Guideline" (MSRM 140301-02) will begin immediately when an active case of pulmonary or laryngeal TB is confirmed. Contact investigations are not initiated for cases of extra pulmonary TB.

T. Pending Lab Results

It is the responsibility of the infection control nurse to track pending lab and x-ray results. When results are obtained for an inmate no longer assigned to that facility, the infection control nurse will ensure the infection control nurse at the inmate's current facility receives the results. If the inmate has left the custody of the ODOC, the results will be forwarded to the OSDH TB Control Officer at fax number: (405) 271-6680.

U. Inmate Discharge from ODOC

1. Inmates receiving treatment for active TB or LTBI at discharge will be referred for follow-up to the county health department in their county of residence. The correct forwarding address for the inmate will be verified and the address will be provided on the "Home Address" field of the "Tuberculosis Summary Record."
2. A copy of the "Tuberculosis Summary Record" ([DOC 140301C](#)) and the "Tuberculosis Monthly Monitoring" (MSRM 140301.04.1), including the date of discharge, will be faxed to the OSDH, TB Division. For active cases of TB, the same information will be faxed to the agency's infection control nurse manager.
3. The inmate will receive the following:
 - a. Ten days of medications with instructions for self-administration;

- b. A copy of their "Tuberculosis Summary Record" ([DOC 140301C](#)) to present to their county health department; and
- c. A copy of the inmate's face sheet including their "Tuberculosis & Immunization History Record" ([DOC 140301B](#)) to present to their county health department.

II. References

Policy Statement No. P-140100 entitled "Offender Medical, Mental Health and Dental Care"

OP-140116 entitled "Employee Physical Examinations and Medical Screenings"

OP-150501 entitled "Tuberculosis Isolation Cell Infection Control"

U.S. Department of Health & Human Services, Public Health Service, Centers for Disease Control and Prevention. *Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Settings*, 2005. MMWR; 43 (13); 1-132.

U.S. Department of Health & Human Services, Public Health Service, Centers for Disease Control and Prevention. *Controlling TB in Correctional Facilities*, 1999.

U.S. Department of Health & Human Services, Public Health Service, Centers for Disease Control and Prevention. *Core Curriculum on Tuberculosis*, Third Edition.

American Thoracic Society, Centers for Disease Control and Prevention, and Infectious Diseases Society of America. *Treatment of Tuberculosis*. MMWR, June 20, 2003/Vol. 52/No. RR-11.

Francis J. Curry, National Tuberculosis Center. TB Control Frequently Asked Questions: *What precautions should be taken when transporting a TB Patient?* March 2004. www.nationaltbcenter.edu/.

U.S. Department of Health and Human Services and Centers for Disease Control and Prevention. *NIOSH Respiratory Protection Program in Health Care Facilities, Administrator's Guide*, September 1999.

U. S. Department of Health and Human Services and Centers for Disease Control and Prevention. *Contact Investigations for Tuberculosis*, October 1999.

"Respiratory protection for M. tuberculosis." 29 Code of Federal Regulation 1910.139.

III. Action

The chief medical officer is responsible for compliance with this procedure.

The division manager of Health Services is responsible for the annual review and revisions.

Any exceptions to this procedure require prior written approval from the director.

This procedure is effective as indicated.

Replaced: Operations Memorandum No. OP-140301 entitled "Tuberculosis Control Program" dated September 9, 2014

Distribution: Policy and Operations Manual
Agency Website

<u>Referenced Forms</u>	<u>Title</u>	<u>Location</u>
DOC 140301A	"Airborne Infection Isolation Room Checklist"	Attached
DOC 140301B	"Tuberculosis & Immunization History Record"	Attached
DOC 140301C	"Tuberculosis Summary Record"	Attached
DOC 140301D	"Tuberculosis Questionnaire"	Attached
DOC 140301E	"Preventive Therapy Waiver For Tuberculosis Infection"	Attached
DOC 140301F	"Annual TB Summary Form"	Attached
DOC 140301G	"Tuberculosis Medication Charting"	Attached
<u>Attachments</u>	<u>Title</u>	<u>Location</u>
Attachment A	"Sputum Collection"	Attached