Saint Louis COUNTY PUBLIC HEALTH	**CORRECTIONS MEDICINE** **Infection Control – Management of Latent Tuberculosis** **ACA Standard: 4 ALDF – 4C – 15**	
	Effective: February 2013 Revised: Feb 2015, Apr 2016, May 2019, Aug 2019 Reviewed: May 2014, Apr 2017, May 2018	Policy Number: CM – 13.4

I. **PURPOSE:** To provide written guidelines for effective prevention and control of Mycobacterium tuberculosis (TB) in the Buzz Westfall Justice Center.

II. **POLICY:** A written plan shall be available to the Corrections Medicine staff outlining the:

1) screening (finding persons with TB disease and latent TB infection [LTBI]);

2) containment (preventing transmission of TB and treating patients with TB disease and LTBI);

3) assessment (monitoring and evaluating screening and containment efforts);

4) collaboration between correctional facilities and public health departments in TB control; and

5) surveillance (monitoring and evaluation of latent / active tuberculosis). Tuberculin skin test may be given patient specific provider order or under applicable standing orders.

III. **DEFINITIONS/ACRONYMS:**

- St. Louis County **CDCS** – Communicable Disease Control Services
- **Convert / conversion –** Previous negative TB skin test that is currently positive
- **CXR –** Chest X-Ray
- **EMR** – Electronic Medical Record
- **IGRA –** Interferon Gamma Release Assay (a blood test that can aid in the diagnosis of Mycobacterium Tuberculosis. It does not differentiate between LTBI and active tuberculosis.)
- **LTBI** – Latent Tuberculosis Infection (exposure to TB, but disease is not active)
- **PPD –** Protein Purified Derivative (solution used for TB skin testing)
- **Screening –** The process of asking questions regarding history, risk factors, and signs and symptoms of tuberculosis
- **TB –** Mycobacterium Tuberculosis
- **TST** – Tuberculin Skin Test

IV. **RESPONSIBILITY:** All Corrections Medicine staff are responsible for the contents of this policy procedure as well as adherence to the policy.

V. **PROCEDURE:**

1. Guidelines for the administration of TB skin test:
   a. All Corrections Medicine Staff shall be required to have a pre-employment PPD and additional PPD testing as indicated by current Saint Louis County Department of Public Health (DPH) policy.

b. All persons coming into the facility in custody of a law enforcement agency, or as a transfer from another correctional facility shall be interviewed by a nurse and assessed for exposure to TB or treatment for exposure or active TB disease. This shall include an assessment of the person's previous medical history, specifically relating to possible exposure to TB, or current treatment or history of treatment for exposure or active TB disease. The assessment will include screening for signs and symptoms of TB.

c. Patient stating exposure or has positive signs and symptoms of active disease shall be given a surgical mask. The Department of Justice Services (DJS) will be notified of the need to isolate the patient pending further diagnostic testing and/or treatment.

d. All patients shall receive screening and a PPD skin test for TB within fourteen (14) days of admission to a housing unit. Prior to administering PPD, check the EMR for previous PPD/IGRA status. If there is documented/reported previous positive TB skin test, a screening sign and symptom review shall be done.

> *NOTE: Per Section 191.659 RSMo, no inmate can refuse TB screening/testing. Any patient refusing TB screening/testing will be placed on medical restriction in his/her cell until the TB skin testing, Quantiferon Gold blood test, or Chest X-Ray is completed. (Justice Services Policy 1305 – Medical Cell Restriction).*

e. All patient TB tests shall be read by a member of the Corrections Medicine staff no sooner than forty-eight (48) hours and no later than seventy-two (72) hours after test placement
   i. Document the result-including the measurement in millimeters (mm) in the laboratory section of the EHR.

2. PPD results
   a. Positive PPD Result
      i. The nurse will interview the patient and complete the PPD Field Form.

      ii. A CXR will be ordered.

      iii. A provider visit will be scheduled within 3 days of the CXR so the patient can be evaluated for treatment. Medications will be ordered at the provider visit. .

      iv. Educational information will be given to the patient and a list of available clinics so that treatment can be continued after release.

      v. Patient information will be entered into a log so that Utilization Review Coordinator nurse can monitor the population

      vi. TB Gold will be ordered **only** if the patient is immunosuppressed

b. Patient-Reported History of Positive PPD – use the following chart

Positive PPD	Negative CXR	Treatment	
Unable to verify	n/a	n/a	Consider for PPD testing
Verified	*Unable to verify*	*Unable to verify*	• Document sign and symptom review • Schedule CXR • Evaluate for treatment
Verified	**Verified**	*Unable to verify*	• Document sign and symptom review • Evaluate for treatment
Verified	*Unable to verify*	**Verified**	• Document sign and symptom review • Schedule CXR
Verified	**Verified**	**Verified**	• Document sign and symptom review

c. Patients who report previous treatment shall sign a release of information to obtain information about their treatment.

d. If no records are received within one (1) week of signing the release of information, the patient shall have a Quantiferon Gold test.

e. For patients who "convert" from a previous negative reading to a positive reading, an immediate screening review of signs and symptoms will be conducted and the protocol for Positive PPD initiated.

f. Any patient with a history of a positive PPD and statement of positive signs and symptoms of TB shall be admitted to a negative pressure cell and shall remain housed in that cell until evaluated and "cleared" by a medical provider.

g. Upon completion of screening/testing, verification of a positive result:
   i. Medications will only be administered to patients who will be housed in the facility for nine months or longer with the following exceptions:
      1. Immunosuppressed patients
      2. Patients currently on long-term high dose steroids
      3. Currently taking TNF (tumor necrosis factor) inhibitor – e.g Humera
      4. Patient who had contact with a patient with active TB
   ii. Patient will be scheduled to see a medical provider every three (3) months until treatment is complete.

iii. Patients will receive verbal and written information about their treatment plan and the importance of compliance to the medication regimen. Medication instructions will include side effects of the medication and practices to avoid while taking the medication.

3. Follow Up Care
   a. If the patient is started on medications, the Corrections Medicine Office Services Representative will put a code in IJMS to notify the appropriate Department of Justice Services staff member that a nurse should see the patient prior to release. The Corrections Medicine nurse will reinforce to the patient the importance of follow up with the local health department, and the patient will be given the remainder of his / her medications for latent TB. Patient contact information (address and phone number) will be verified in the event the CDCS needs to contact the patient after release. The patient will be informed that a list of local health departments and contact information has been placed in his / her property. The nurse will send a patient message in AllScripts to CDCS upon release so the patient can be contacted for follow-up.

   b. Upon transfer to another correctional facility, an appropriate discharge summary with a current list of medications will be sent with the patient. Any remaining medications for latent TB or active TB treatment will be sent with the patient.

   c. The CDCS should be contacted regarding any patient who is diagnosed with active TB to support and coordination of care. Patients on treatment for **active tuberculosis** disease shall **NOT** be released prior to the Corrections Medicine nurse contacting the local health department where the patient will reside for appropriate follow-up care.

   d. All patients housed in the facility for more than 365 days will receive annual screening/testing, or, if a previous history of positive PPD a review of signs and symptoms. The medical provider will review this information and determine the need for a CXR.

VI. REFERENCES:

American Correctional Association; Performance-Based Standards for Adult Local Detention Facilities, fourth edition; 2004; Standard 4-ALDF-4C-15

National Commission on Correctional Health Care; Standards for Health Services in Jails; 2018; Standard 4C-15, Tuberculosis Management

Management of Tuberculosis; Clinical Practice Guidelines; Federal Bureau of Prisons; January, 2010

Tuberculosis Screening / Treatment for Inmates; Policy 1314; Justice Services; March, 2012