

# **Brother Francis Shelter Tuberculosis Infection Control Guidelines**

## **Goal of TB infection control guidelines**

The following guidelines were developed to minimize or eliminate the spread of tuberculosis (TB) in the Brother Francis Shelter (BFS) by providing uniform recommendations for TB screening, TB training, and other preventive measures for both shelter employees, volunteers and clients.

## **Objectives**

- Provide standardized guidelines to assist BFS employees in their efforts to house clients and control the spread of TB by:
  - Requiring TB screening of BFS employees, volunteers and clients;
  - Early identification, medical evaluation and treatment of suspected cases of TB disease and TB infection;
  - Providing timely transportation to an appropriate health care facility if an evaluation cannot be done at the shelter clinic.
- Provide shelter employees with decision-making tools when persons experiencing homelessness arrive at BFS with signs and symptoms of possible TB disease.

## **TB screening of BFS employees and volunteers**

- Employees/volunteers should be screened for TB with a tuberculin skin test (TST) or interferon gamma release assay (IGRA) blood test as a new employee/volunteer, and annually thereafter.
- Employees/volunteers who do not have documentation of TB screening with a skin-test within the last 12 months will be required to undergo two step baseline TB skin testing or an IGRA blood test. An IGRA test is the preferred method of testing for individuals who are non-US born.
- If an employee/volunteer has documentation of prior positive testing for TB in the past, s/he should not be re-tested. Instead, s/he should be screened for symptoms of TB disease with the BFS TB screening form to identify symptoms of active TB. Symptomatic individuals should be referred to their health care provider for evaluation to rule out TB disease.

## **Employees/volunteers who have a newly positive TB screening test**

- Individuals with newly positive TB screening tests (TST or IGRA) should be referred to their medical provider for a chest x-ray and a medical evaluation to rule out TB disease.
- Individuals who report symptoms of TB disease (cough, weight loss, night sweats) should be excluded from the workplace until confirmed non-infectious by their medical provider.

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## **Shelter employee orientation and training**

New employees/volunteers will receive annual, and as needed TB educational training. Recommended training includes:

- “Shelters and TB: What Employees Need to Know” <http://www.currytbcenter.ucsf.edu/products/shelters-and-tb-what-employee-need-know-second-edition/video> is an excellent resource;
- Cough Alert Policy review;
- Training on the use of the BFS TB screening form for employees who admit new clients.

## **Shelter admission: TB disease screening**

The BFS TB screening form will be completed on all new clients upon admission. The purpose of the BFS admission TB screening is to:

- Assist in early identification and treatment of individuals with infectious TB disease, TB infection and;
- Reduce the risk of TB transmission in the shelter.

New clients will be asked about the following signs and symptoms of possible TB disease:

- Productive cough of more than three weeks duration
- Coughing up blood
- Fever
- Night sweats
- Unexplained weight loss
- Unusual weakness or fatigue

Persons who answered “YES” to any signs or symptoms of TB disease should be referred to the shelter clinic for a medical evaluation ASAP, but within 72 hours.

- *Persons reporting coughing up blood need immediate medical evaluation at the BFS clinic or a local emergency department.*
- Persons reporting a cough illness of three or more weeks should be asked to wear a mask until medically evaluated and deemed not infectious.

## **TB screening policy**

- All first time clients of BFS will be required to show evidence of TB clearance within 10 days after admission to the shelter. Clients who are not first time guests of BFS will be encouraged to get TB screening completed ASAP.
- Clients should be screened for TB with a tuberculin skin test (TST) or interferon gamma release assay (IGRA) blood test. An IGRA blood test is the preferred method of testing for individuals who are non-US born.

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- If a client has documentation of prior positive testing for TB in the past, the client should not be re-tested. Instead, the client should be screened for symptoms of TB disease using the BFS TB screening form.
- TB clearance may be provided by the BFS clinic, the Municipality of Anchorage (MOA) Public Health clinic or another healthcare provider.
- In persons without signs or symptoms of TB disease, TB clearance documentation will be considered valid for 12 months from the date of screening.

### **Management of coughing shelter clients (Cough Alert Policy)**

Shelter employees/volunteers who identify coughing clients should follow the procedures of the Cough Alert Policy below:

#### **Definition of “coughing client”:**

- A client coughing throughout the night **or**
- Coughing for more than 2-3 weeks without improvement (especially if the cough is accompanied with weight loss, night sweats and fever) **or**
- Coughing up blood\*

#### **Procedures:**

1. Instruct client to cover nose and mouth when coughing and offer a mask to wear. *\*Individuals who are coughing up blood need immediate medical evaluation at the BFY clinic or a local emergency department.*
2. Record the date, client name, in the log book.
3. Speak to the coughing client confidentially and let them know that a medical evaluation will be needed. If possible, let the client sleep in an area in the shelter away from other clients. Evaluation should occur ASAP through the following mechanisms:
  - Brother Francis Clinic
  - Local emergency department
  - Municipality of Alaska TB program

#### **Confirmation and screening tests for TB disease**

Symptomatic clients will be expected to complete a medical evaluation that includes a TB test, a chest x-ray, provider’s assessment and possibly other diagnostic tests (including sputa collection results for TB testing). The evaluation must be done as soon as possible and within 72 hours. Clients with suspected TB should be reported to the Alaska TB program at 269-8000. Clients must be assured that if they do have TB disease that they will be treated and will be assisted in finding stable housing while they are infectious.

#### **Medical clearance of clients with TB disease**

Clients with confirmed TB disease will not be admitted until clearance is provided in writing by the MOA or State of Alaska TB program.

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### **Engineering controls (mechanical ventilation systems)**

The probability of TB transmission is affected by building ventilation. A one-time engineering assessment of shelter ventilation is recommended in order to determine the most appropriate ventilation system. Further engineering control guidance may be found here:

<http://www.currytbcenter.ucsf.edu/products/tuberculosis-infection-control-practical-manual-preventing-tb>

### **Guidelines adapted from:**

[http://www.currytbcenter.ucsf.edu/sites/default/files/product\\_tools/homelessnessandtbtoolkit/docs/homeless/Guidelines\\_Recommendations/IC%20Guidelines%20for%20Shelters\\_SFDPH\\_2005.pdf](http://www.currytbcenter.ucsf.edu/sites/default/files/product_tools/homelessnessandtbtoolkit/docs/homeless/Guidelines_Recommendations/IC%20Guidelines%20for%20Shelters_SFDPH_2005.pdf)