

Preventing Tuberculosis (TB) in Homeless Shelters:

A Guide for Preventing and Controlling TB and other
Aerosol Transmissible Diseases in Los Angeles County Facilities

Second Edition
June 6, 2013



Recommendations to help homeless service providers prepare their facility, staff, and clients for possible cases of aerosol transmissible diseases, like tuberculosis.



Table of Contents

Letter from the Director and Health Officer	3
Responsibilities: The Department of Public Health	4
Preventing TB and other ATDs	4
Providing expert consultation and training.....	4
Gathering data through mandated reporting and ongoing surveillance.....	4
Responsibilities: 6 Steps Homeless Shelters Can Take to Reduce the Spread of ATDs	5
1. Appoint an ATD Administrator/TB Liaison.	6
2. Create an environment that limits the spread of ATDs in your facility.	7
3. Enforce screening and other requirements for staff and volunteers that have direct client contact.....	7
TB Screening and Medical Services for Employees.....	7
TB Screening for Volunteers	8
4. Enforce screening and referral requirements for clients.	8
Initial Screening at Intake and Annual Screening	8
Referral Process.....	9
Shelter TB Clearance	10
If Medical Evaluation found client to be free of active TB or other ATDs:.....	10
If Medical Evaluation found client has active TB disease or other ATDs:.....	10
Cough Alert Protocol	10
Section Summary: Linking Symptomatic Clients to Healthcare.....	11
5. Keep accurate, legible, and confidential records.	12
6. Establish clear communication pathways.	12
Appendices	
<u>Appendix A</u> : California Code of Regulations, Title 8, Section 5199 ATD Requirements for Homeless Shelters	13
<u>Appendix B</u> : Frequently Asked Questions about Tuberculosis (TB).....	15
<u>Appendix C</u> : TB/ATD Symptom Questionnaire	17
<u>Appendix D</u> : Referral for TB Screening or Clearance.....	18
<u>Appendix E</u> : Weekly Cough Alert Log	19
<u>Appendix F</u> : Department of Public Health, Public Health Centers.....	20
<u>Appendix G</u> : Department of Public Health, Other Tuberculosis-Related Resources.....	21
<u>Appendix H</u> : Department of Health Services, Urgent Care Centers.....	22
<u>Appendix I</u> : Department of Health Services, Public Hospitals	24
<u>Appendix J</u> : Other ATDs: Signs & Symptoms and What to do if Observed.....	25
<u>Appendix K</u> : References.....	26

Letter from the Director and Health Officer

Dear Public Health Partners,

The Los Angeles County Department of Public Health (DPH) is pleased to issue these recommendations. They're meant to help homeless service providers, like you, to prepare their facility, staff, and clients for possible cases of Aerosol Transmissible Diseases, also known as ATDs.

ATDs are infectious diseases that can spread through coughing and sneezing. They spread from person-to-person either through the air, like tuberculosis (TB) and measles, or through droplets, like influenza (flu) or meningitis.

As a homeless service provider, you work closely with clients to help meet their needs. This vital function makes you a key partner in the fight to prevent the spread of TB and other ATDs in LA County homeless shelters.



TB prevention and control among homeless persons may be challenging. But together, we can reduce and even eliminate the spread of TB and other ATDs. These guidelines aim to make this work easier and more efficient. They include tools and procedures that help...

- Increase awareness of TB and other ATDs among medical providers, staff, and clients.
- Establish procedures to assure clients showing signs of TB or other ATDs are assessed and referred to a healthcare provider in a timely manner and are not turned away for infectious disease-related concerns.
- Encourage ongoing, confidential, and free screening to help identify and treat TB and other ATD infections among staff and clients, in their earliest stage.
- Promote immunizations to decrease the risk of outbreaks of vaccine-preventable ATDs, such as pertussis and influenza.
- Increase communication between shelter and DPH staff for things like disease reporting, receiving the latest TB and other ATD trends, and coordinating annual educational updates.

You are key partners in protecting the health and well-being of some of LA County's most vulnerable residents and communities. We thank you for your continued support and sincerely hope this manual proves useful in your disease control and prevention efforts.

A handwritten signature in black ink that reads "Jonathan E. Fielding". The signature is written in a cursive, flowing style.

Jonathan E. Fielding
Director and Health Officer

Responsibilities: The Department of Public Health

The ATD regulation (8 CCR 5199, Aerosol Transmissible Diseases) is a standard put in place by the California Occupational Safety and Health Administration (Cal/OSHA). It is meant to protect workers at facilities and in occupations that have a higher risk of ATD exposure, such as healthcare settings, correctional facilities, drug treatment programs, and homeless shelters. [See Appendix A](#) for a brief Cal/OSHA summary for Homeless Shelters of the ATD regulation.

The Tuberculosis Control Program and Community Health Services Division are two components of the LA County Department of Public Health. They both use the ATD regulations to help homeless shelters and other facilities prevent and control TB/ATDs in their facilities and operations. They also work together to provide the following TB/ATD prevention and control activities:

Preventing TB and other ATDs

- Investigate, follow-up, and treat all reported cases and suspected cases of TB and their “contacts.” “Contacts” refers to people who have been exposed to a person with a communicable disease, including TB.
- Operate several public health centers throughout LA County to provide TB medications, diagnostic follow-up, periodic clinical evaluations, contact investigation, and case management services ([See Appendix F](#)).
- Provide short-term, single-room occupancy housing and meal assistance to facilitate treatment completion, as needed.

Providing expert consultation and training

Each homeless shelter in LA County has an assigned District Public Health Nurse Liaison (DPHN). DPHN’s have several responsibilities, including:

- Serve as the DPH liaison to homeless shelters in LA County
- Meet with shelter staff to discuss TB/ATD prevention protocols
- Help shelter staff understand their role in cough alert screening through “role modeling” activities
- Facilitate appropriate and timely public or private health care provider assessments for symptomatic shelter clients
- Assist clients to obtain appropriate TB clearance, if necessary
- Coordinate and conduct contact investigations in shelters
- Facilitate TB/ATD education for shelter staff, volunteers and clients
- Answer shelter staff’s TB-related questions

Gathering data through mandated reporting and ongoing surveillance

- Work with doctors, hospitals, labs, and other important community partners, including homeless shelters, that can help identify possible cases at their earliest stages
- Work with community organizations, like homeless shelters, to help their staff recognize symptomatic clients who might need medical evaluation
- Monitor and report disease-related data to local, state, and federal agencies

[See Appendix F](#) for a list of DPH health centers and appropriate phone numbers.

Responsibilities: LA County Homeless Shelters

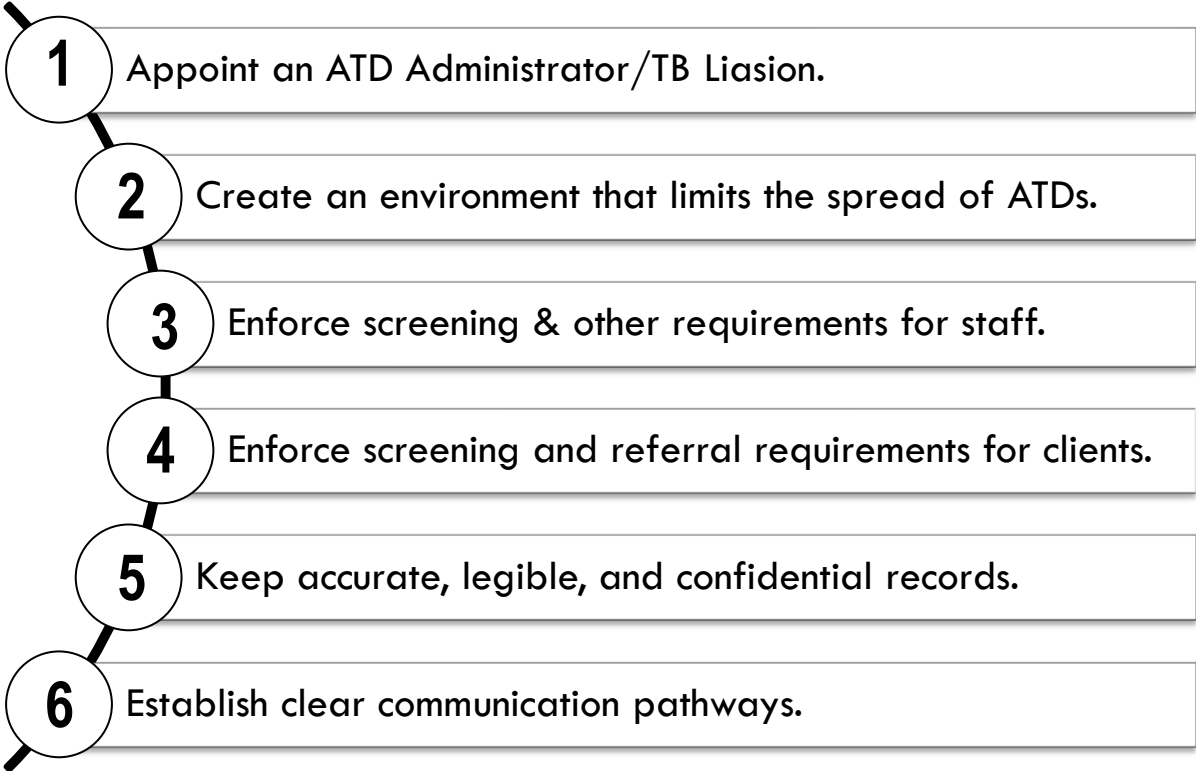
Reading Cal/OSHA’s ATD regulation is the best way to make sure your facility is compliant with all of its components. See Appendix A for links to the ATD regulation that list all related diseases, settings, roles, and expectations.

Homeless shelters in LA County should implement TB and ATD infection prevention guidelines to accomplish the following goals:

- Protect clients, staff, and volunteers from TB and other ATD exposures
- Detect active TB disease among clients at an early stage
- Decrease the chance that homeless persons will be turned away from shelters because of infectious disease-related concerns
- Ensure referral to a health care provider for medical screening and care

Taking the following steps will help meet these goals and help you implement the main components of the ATD regulation, particularly as they relate to TB.

6 Steps to Reduce the Spread of ATDs in Your Facility



1. Appoint an ATD Administrator/TB Liaison.

Under the Cal/OSHA ATD standard, homeless shelters must appoint an administrator to oversee activities that control the spread of TB and other ATDs. This person doesn't need to be a clinician or manager/supervisor/facility administrator. However, they should have some knowledge of infection control principles.

The ATD Administrator performs and oversees several activities that prevent the spread of TB and other ATDs, including:

Key Area	Activities
Administrative— Shelter duties	<ul style="list-style-type: none"> • Serves as or delegates a “TB Liaison” • Ensures confidential at-hire and annual medical screening of staff and volunteers that have direct client contact • Coordinates referrals for clients that need a TB evaluation • Assists clients that need a TB evaluation with their transportation needs • Maintains medical confidentiality policies and procedures
Administrative— DPH liaison duties	<ul style="list-style-type: none"> • Serves as a liaison to the Department of Public Health (DPH) • Coordinates screening activities and referrals with DPH (See Appendix F for a list of DPH health centers and appropriate phone numbers) • Assists DPH to conduct infectious disease contact investigations • Coordinates communication with the DPH local health officer • Maintains confidential records
Compliance	<ul style="list-style-type: none"> • Establishes, implements, maintains, and posts written procedures • Ensures staff adheres to TB/ATD prevention procedures • Ensures staff adheres to TB/ATD Cough Alert and documentation procedures • Ensures staff and clients receive mandatory TB/ATD prevention education (See Appendix G for TB Control Program health education services) • Ensures that identified medical providers maintain confidential medical records • Maintains other required records

2. Create an environment that limits the spread of ATDs in your facility.

Remember, reading the standard is the best way to make sure your facility is doing all it can to prevent the spread of TB and other ATDs. But taking the following steps will help limit the spread of TB in your facility:

- Ensure mechanical ventilation systems are working properly and are maintained regularly
- Keep records of all inspections, maintenance, and repairs done on the facility's mechanical ventilation systems
- Consult an environmental engineer to find out if using ultraviolet lighting, which kills TB bacteria, is right for your facility
- Open doors and windows to promote air exchange, especially in areas where clients congregate
- Make sure each bed is numbered to help DPH track potentially infectious clients
- Maintain as much space as possible between beds in sleeping areas
- Position beds in a "head to toe" pattern rather than "head to head" pattern
- Make hand sanitizer, tissues, and trash cans readily available
- Post TB-related posters and pamphlets ([See Appendix G](#) for TB Control Program health education services)

3. Enforce screening and other requirements for staff and volunteers that have direct client contact.

Volunteers and staff that work directly with clients have a higher chance of coming into contact with people that may be sick with an ATD. Putting the following measures in place will help keep shelter staff and volunteers healthy:

TB Screening and Medical Services for Employees

Shelters must require staff to get a TB evaluation when they first start working and then again once a year as long as they continue their service. Shelters should make these annual medical exams available, without cost, to employees who have a greater risk of coming into contact with ATDs while on the job. Shelters must also provide access to free vaccine(s) and respiratory protection for identified job risks. Shelters should also generally advise staff to stay home if they have prolonged coughing. If they don't improve, advise them to see a physician. Staff sent off work because of their coughing must get clearance to return to work from a licensed healthcare provider. Under state and federal law, employees' TB screening and other medical results/records are confidential and should not be disclosed by the medical provider to employer management personnel or to anyone in the workplace.

For initial evaluation persons who have a prior positive TB test should get a chest x-ray or have written copy of a radiologist's report of a chest x-ray that was performed within the past six months. Medical providers must ensure that all persons with a new positive TB skin or blood test must also have a chest x-ray,

Remember, reading the Cal/OSHA ATD standard is the best way to make sure your facility is doing all it can to prevent the spread of TB and other ATDs among its employees.

TB Screening for Volunteers

DPH recommends that shelters require volunteers to get a TB evaluation from their private medical provider or community-based clinic when they first start volunteering and then again once a year as long as they continue their service. [See Appendix F](#) for a list of DPH clinics that offer TB testing. Shelters should keep records that show volunteers completed the screening but should not receive copies of actual medical records or diagnoses. Shelters should take care to respect volunteers' medical privacy rights.

For initial evaluation, persons who have a prior positive TB test should get a chest x-ray or have written copy of a radiologist's report of a chest x-ray that was performed within the past six months. Medical providers must ensure that all persons with a new positive TB skin or blood test must also have a chest x-ray,

Remember, reading the standard is the best way to make sure your facility is doing all it can to prevent the spread of TB and other ATDs among its volunteers.

4. Enforce screening and referral requirements for clients.

Initial Screening at Intake and Annual Screening

- 1) Require written proof of TB screening clearance from a medical provider, dated within the past 12 months. Allow clients 7 days after intake or annual review to provide proof of TB clearance.
- 2) If clients don't have proof of medical clearance, arrange onsite screening and documentation. If onsite screening isn't available, refer clients for outside screening ([See Appendix D](#) "Referral for TB Screening or Clearance" form).
- 3) Track all TB screening clearances, whether done internally or by referral to an outside source. On each new entry to the shelter, staff should ask and observe: DOES THE CLIENT HAVE A COUGH?
 - a. If NO, shelter will advise client to notify shelter staff if a cough develops in the future.
 - b. If YES, shelter staff will refer the client to a private area to complete a symptom screen questionnaire.

- 4) If client has a cough for more than 3 weeks and 1 or more other symptoms of active TB disease, isolate client until referred for medical evaluation. Move client to a well-ventilated area or, if weather permits, an outside area. If the client is unable to get medical services right away, separate them from the other clients.
- 5) Give the client tissues right away and advise them to cover their nose and mouth when coughing or sneezing. Give the client a surgical mask and tell them to place it over their mouth and nose.
- 6) Promptly **refer** all symptomatic clients and clients who lack valid medical clearance to an appropriate health care provider for TB/ATD medical evaluation (See Appendix D “Referral for TB Screening or Clearance” form).

NOTE REGARDING CONFIDENTIALITY:

Results of medical evaluations for clients are considered protected health information and medical providers must keep them confidential.

Referral Process

Refer symptomatic clients and clients who lack valid medical clearance to the shelter’s onsite or other designated clinic. If none, refer clients as follows:

- 1) Weekday business hours (before 5pm) contact a DPH CHS Public Health Center (See Appendix F).
- 2) Evenings and weekends contact a Department of Health Services Urgent Care Center (See Appendix H) or public hospital emergency room (See Appendix I) where clients can get a medical evaluation on the same or next working day.
- 3) Call the receiving location and arrange to fax or hand deliver the completed forms (See Appendix C “Symptom Questionnaire” form) and (See Appendix D, “Referral for TB Screening and Clearance” form)
- 4) Give the client a copy of both forms (Appendix C and Appendix D) in an envelope sealed for confidentiality.
- 5) The shelter will need to transport the client to the medical facility for the client’s medical evaluation and be prepared to return the client to the shelter, as needed.
- 6) Follow-up to ensure that the receiving clinic/urgent care center/hospital ER received the forms and that the client followed through with the medical evaluation.
- 7) Keep electronic or written log of clients referred for TB medical evaluation and status of client TB clearance.

Shelter TB Clearance

If Medical Evaluation found client to be free of active TB or other ATDs:

After a symptomatic client is referred to a medical provider and active TB/ATD disease is ruled out, the medical provider will give the client signed written clearance to return to a group living situation, like a homeless shelter. This medical clearance should expire one year from the date of the medical provider's signed clearance. (If recent community cases of active TB disease are identified, the Department of Public Health may require more frequent screening).

If Medical Evaluation found client has active TB disease or other ATDs:

Clients with active TB disease or other ATDs can return to the shelter when they show written proof from a licensed health care provider that they are no longer contagious.

Cough Alert Protocol

All shelter staff play an important role in preventing and controlling the spread of TB and other ATDs in their facilities. The list below describes activities staff will carry out to prevent and control TB:

All shelter staff will:

- Observe clients for persistent coughing and signs of active TB disease
- Refer anyone with a cough to a private area to complete the Review of TB/ATD Symptoms form ([See Appendix C](#) "Symptom Questionnaire" form)

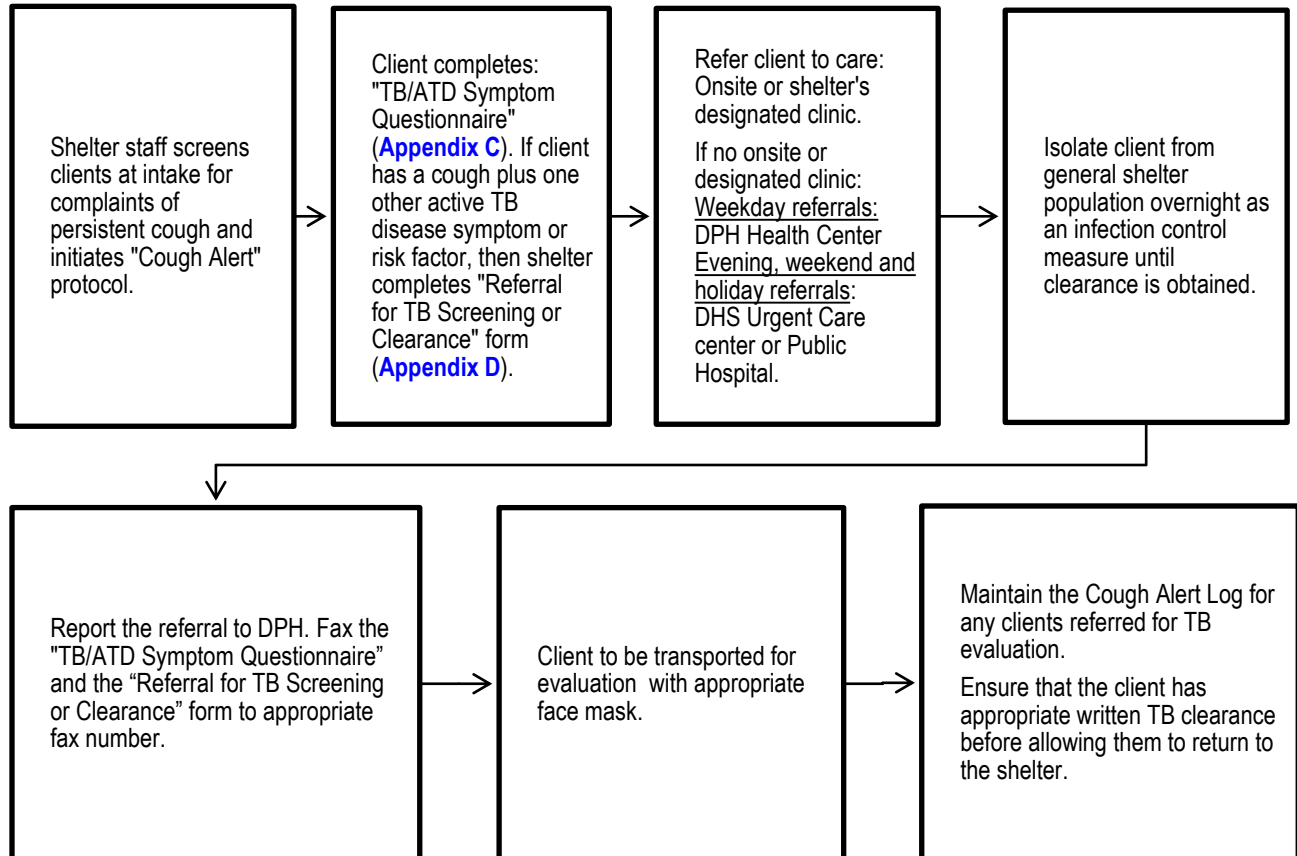
Shelter staff (as directed by the TB Liaison /ATD Administrator) will:

- Complete a Weekly Cough Alert Log ([See Appendix E](#) "Weekly Cough Alert Log")
- Give a copy of the log to the ATD Administrator/TB Liaison right away during the day or the next morning if a coughing client is identified during the night

The TB Liaison/ ATD Administrator (or designee) will:

- Receive the Cough Alert Log
- Review the Cough Alert Log to identify any symptomatic client
- Follow Referral Process to refer symptomatic clients for medical evaluation and clearance.
- Isolate symptomatic clients (see Screening Steps 4, 5, 6 on page 9)
- Prominently display educational posters on Covering Your Cough ([See Appendix G](#) for TB health education services)
- Prominently display educational posters on tissue technique and disposal

Section Summary: Linking Symptomatic Clients to Healthcare



5. Keep accurate, legible, and confidential records.

Following steps in this guide will help protect your shelter from TB and other ATDs. You can also prevent having to pay fines by keeping detailed records of all transports, exposure incidents, trainings, and medical services for staff. The table below lists the main types of records you'll need to keep.

Type of Information	Minimum Information Required
Medical clearances	<ul style="list-style-type: none"> • Employee name and ID number No actual medical records should be accepted or received. Maintain medical providers' medical clearance reports related to: <ul style="list-style-type: none"> ○ Vaccination status ○ Vaccination declination forms ○ TB assessment results (initial and annual screening) ○ Doctors' assessments after exposure incidents
Training records	<ul style="list-style-type: none"> • Date(s) of annual training • Training curriculum and proof that it was developed in consultation with DPH • Names and qualifications of persons conducting training, • Names and qualifications of persons designated to respond to questions • Names and job titles of all training participants
Exposure Incidents	<ul style="list-style-type: none"> • Dated census logs, including bed locations and numbers, for at least six (6) months • Log of clients referred for TB medical evaluation and status of client TB clearance • Date of incident • Names, employee IDs, included in exposure • Disease or pathogen to which employees may have been exposed • Name and job title of person performing evaluation • Identity of any local health officers and physicians consulted • Date of evaluation • Date of contact communication and contact info for any other employers involved
Equipment	<ul style="list-style-type: none"> • Inspection reports of any ventilation systems or other engineering controls • Respiratory protection program audits
Documents	<ul style="list-style-type: none"> • Shelter employer's Cal/OSHA written Injury and Illness Prevention Program, including ATD infection control plan and Respiratory Protection program, as applicable

6. Establish clear communication pathways.

To prepare for possible ATD emergencies, establish clear communication pathways with collaborating employers, identified medical providers, and the local health department before an ATD exposure incident occurs.

Appendix A

California Code of Regulations, Title 8, Section 5199 ATD Requirements for Homeless Shelters

The Division of Occupational Safety and Health (DOSH) has prepared this summary sheet to assist employers and employees in understanding how Section 5199 applies in certain operations. This sheet is not intended to modify or replace the actual language of the standard, and employers should consult the actual language of the standard in preparing their programs.

Aerosol Transmissible Diseases – Homeless Shelters and Drug Treatment Programs

Employees in homeless shelters and drug treatment programs may be exposed to aerosol transmissible diseases (ATDs) because the populations receiving these services are at greater risk of having tuberculosis and some other ATDs. These workplaces may also be at increased risk of transmission due to a lack of adequate ventilation or crowded housing or treatment facilities. Most of these workplaces do not have trained health care providers on-site to determine whether people who are exhibiting ATD symptoms such as persistent coughing pose an infection risk. [Section 5199, Aerosol Transmissible Diseases](#), requires homeless shelters, drug treatment programs, and other work operations that come within the scope of the standard but that do not have health care providers, to establish some basic procedures for reducing the infection risk to their employees, including identification of clients who need further medical evaluation. These employers are required to:

1. Develop criteria that will be used to identify clients who should be referred to a health care provider. A suggested list of minimum criteria is included in Appendix F (*of the ATD standard*) [5199(c)(3)(B)].
2. Establish written procedures that will be used to refer the client to a health care provider (such as on-site health care services, mobile health care vans, public health agencies, or primary care providers) and to receive information back from the health care provider to determine if employees were exposed to an infectious disease and need follow-up care. (Generally referral is required within 5 hours, but an exception is provided for initial encounters that occur after 3:30 p.m.) [5199(c)(3)]
3. Establish written source control procedures for persons who enter the facility who are coughing or otherwise appear to have an ATD. These include providing the person with a surgical mask, or tissues and hand hygiene materials [5199(c)(2)].
4. While a person is in the facility awaiting referral, use source control and other measures to reduce employee exposure to droplets that may be coughed out or exhaled. These measures include, as available, placing the person in a separate room or area, preferably with a separate or filtered ventilation system. If the person is not using source control measures, the employer must provide a respirator to employees who must enter the area, if respirator use is feasible [5199(c)(5)]. Where respirators are used, the employer must have a respiratory protection program that meets the requirements of Section 5144, and subsection 5199(g) that includes employee medical evaluation, fit-testing and training.

5. Establish written communication procedures to inform employees, and other employers whose employees will have contact with the person, of the person's infectious disease status. This would apply to people who transport the client, as well as to the hospital or other facility that will receive him or her. The employer must also establish procedures to receive information from health care providers if the provider determines that a referred patient has a reportable¹ ATD [5199(c)(4)].
6. Establish procedures to provide the seasonal flu vaccine and annual TB tests to employees covered by this regulation [5199(c)(6)].
7. Establish written procedures for employees who have been exposed at work to a confirmed case of a reportable ATD. These include medical follow-up and continuation of pay for a period during which an employee is not sick but a physician or other licensed health care professional (PLHCP) recommends removal from the workplace because the employee may be contagious (unless alternate work is available) [5199(c)(6)].
8. Provide training at or prior to an employee's initial assignment to a job covered by this regulation, and at least annually thereafter [5199(c)(7)].
9. Annually review infection control procedures with employees in their work areas, and correct any problems found [5199(c)(8)].
10. Keep vaccination records, exposure incident records, records of inspection of any ventilation systems or other engineering controls, and if applicable, records for the respiratory protection program [5199(j)].
11. Maintain employee (and patient) confidentiality in regards to medical records, including records of vaccinations, TB assessments, and post-exposure medical services [5199(h), 5199(j), 3204(a)].

¹ Title 17, California Code of Regulations, Section 2500 lists diseases that are reportable to the local health officer.

Tuberculosis

1. What is Tuberculosis (TB)?

TB is caused by germs called bacteria. TB usually affects the lungs. It can be cured with prescription medicine given by a doctor.

You'll hear these two TB terms most often: **Latent TB infection** and **Active TB disease**. Latent TB infection means you have "sleeping" (inactive) TB germs in your body and can't infect anyone. These germs can live in your body without making you sick. Latent TB infection can later become active TB disease if these germs "wake up" (become active) and multiply. If you have active TB disease, you can infect other people.

2. How does TB spread?

TB spreads through the air from one person to another. TB germs spread when a person with active TB disease coughs, sneezes, speaks, sings or laughs. Anyone near the sick person can breathe in (inhale) the TB germs. You can't catch TB from clothes, dishes, food or body contact with someone who has TB. Transmission of TB is usually associated with prolonged or frequent close contact with a person with active TB disease.

3. What are the symptoms of active TB disease?

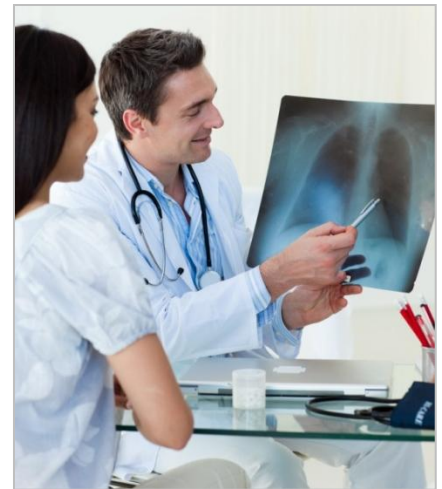
- Coughing for more than 2-3 weeks
- Weakness
- Chest pain
- Sweating at night
- No appetite
- Weight loss
- Fever
- Chills
- Coughing up blood or mucus

4. How do you test for TB?

A TB skin test or a blood test is used to find out if a person has latent TB infection. For the skin test, a small amount of liquid (tuberculin solution) is injected under the skin on the forearm. Then, 2-3 days later, a health care provider checks to see if there is a reaction to the liquid. It may take 8-12 weeks after coming into contact with the germ for your body to show a reaction to the TB skin test. Other tests show if you have TB disease.

5. What does it mean to have a "positive" test?

A positive TB test shows that the TB germ is present in the person's body but doesn't identify active TB disease. Only about 1 out of every 10 people with latent TB infection will develop active TB disease during their lifetime. If it's positive, other tests, like a chest x-ray, will be done to see if it's latent TB infection or active TB disease. Additional tests will be given to people who test positive on the TB tests. Depending on results, you may be asked to get a re-test in a few months, or you may be given treatment.



Tuberculosis (TB) Terms:

Latent TB Infection

A condition when TB germs are in the body but aren't active. People with latent TB infection have no symptoms, don't feel sick, and can't spread TB to others.

Active TB Disease

An illness caused when TB bacteria attack a part of the body, usually the lungs. A person with active TB disease can spread TB germs to others.

For More Information

Tuberculosis Control Program

<http://publichealth.lacounty.gov/tb/index.htm>
(213) 745-0800

6/6/2013

6. How is active TB disease treated?

TB disease can be treated with different anti-TB medicines. It takes at least 6 months to 1 year to kill TB disease in your body. It's very important to take all anti-TB medicine according to schedule. If you don't take the medicines correctly, the germs can become harder to get rid of. If you stop taking the medicines too soon, you can get sick again.

7. Can latent TB infection be treated?

Yes. Your health care provider can help you find the medicine that's best for you. If you have TB infection, you can take medicine to help prevent getting TB disease later. Depending on the type of treatment, it will take about 3-9 months to kill the TB germs in your body.

8. Should someone with active TB disease be restricted from school or work?

People with active TB disease can spread TB germs to family and friends. If you have active TB disease, you may have to stay away from other people until you can't spread TB germs. Taking your medicines correctly will shorten the time you need to be separated from others.

People with latent TB infection aren't contagious and can't spread TB to others. As a result, going to school and work is safe.

9. What is the role of the LA County Department of Public Health in controlling the spread of TB?

The LA County Department of Public Health works with your doctors to assure they have current TB screening, testing, and treatment procedures. When a person with active TB disease is reported to Public Health, our staff conducts an evaluation that includes identifying and screening individuals that may have been exposed to active TB disease.



10. How can TB be prevented?

If you DO NOT have active TB disease

- Avoid spending long periods of time in tight spaces with people who have active TB disease or who have just started treatment.
- Ask your health care worker for a TB test if you've spent a lot of time with someone who had TB disease. If you have a negative reaction to the TB test, have it repeated after 2-3 months.

If you DO have active TB disease

- Take all your medicines correctly.
- Always cover your mouth when you cough and/or sneeze.

Appendix C

TB/ATD Symptom Questionnaire

Instructions for Shelter Staff:

The purpose of this form is to help identify clients who **may** have infectious TB. Please complete this form as part of the initial intake process if (1) a client reports they have a persistent cough, (2) if shelter staff sees that the client is coughing or (3) if during annual review, shelter staff notes a client has a cough that has lasted for more than 3 weeks.

HISTORY/SYMPTOMS	Yes	No
Do you have a cough that has lasted for 3 weeks or more?		
1. Have you lost weight without explanation during the past month?		
2. Have you sweated so much during the night that you've soaked your sheets or clothing, during the past month?		
3. Have you coughed up blood in the past month?		
4. Have you been more tired than usual over the past month?		
5. Have you had fevers almost daily for more than one week?		

Does the client have a cough that has lasted 3 weeks or more **AND** has answered "yes" to at least one other question above? Yes No

If you marked "YES" above, immediately refer the client to services as follows:

During weekdays: [See Appendix F](#) for the nearest DPH Public Health Center

During weekends, evenings, or holidays: [See Appendices H & I](#) for the nearest DHS Urgent Care Center or Public Hospital

Exposure Control Methods Initiated:

- Give the client a surgical face mask to wear: Done
- Instruct the client to cover their nose and mouth when coughing or sneezing: Done
- Separate the client from others and place in a well-ventilated room: Done
- Initiate medical evaluation protocols and transportation: Done

Comments _____

Client Name: _____ Arrival Date: _____

Shelter Name: _____ Shelter Phone #: _____

Shelter Address: _____

Bed Location: _____

Evaluator Name: _____

Evaluator Signature: _____ Date: _____

Appendix D

Referral for TB Screening or Clearance

Instructions for Shelter Staff: Please fill out top part and put this form and completed **Appendix C** form in an envelope to assure client confidentiality. Ask the client to take the envelope to the clinic/hospital listed in this referral.

Name of referring shelter: _____

Name shelter contact person: _____ Telephone #: _____

Client's name: _____ Client Date of Birth (MM/DD/YY): _____

Bed location: _____

Date of arrival at shelter: _____ Referral date: _____

Name of clinic/hospital to which client was referred: _____

- Referral for Screening for shelter entrance (complete in 7 days)
- Referral for Clearance due to symptoms (Immediate)

Dear Provider,

This client was referred for a TB screening or evaluation, a requirement of all persons staying at this facility.

If referral is for general TB clearance, the form must be completed within 7 days.
If referral is based on symptoms currently present, please evaluate immediately.

To be completed by clinic/hospital physician or nurse (give a copy to client):

- Cleared for stay in congregate setting Date of clearance*: _____
- Not cleared; pending additional testing/ client needs medical follow up

Clinician Name: _____

Clinic/hospital Name: _____

** Tests should include the tuberculin skin test (TST) or TB blood tests (QuantiFERON or T-SPOT) and/or may also require chest x-ray.
If Provider has medical questions, please see L.A. County TB Control Program website at <http://publichealth.lacounty.gov/tb/healthpro.htm> or call (213) 745-0800.*

Appendix E

Weekly Cough Alert Log

Instructions for Shelter Staff:

Please give this log to your ATD Administrator/TB Liaison if you have a client that has a constant cough. The ATD Administrator/TB Liaison is responsible for (1) assessing the client for signs of active ATD/TB disease and (2) determining if the client needs a referral for a medical evaluation.

Name of Shelter: _____ Date (MM/DD/YY): _____

Date TB Liaison received copy of Log (MM/DD/YY): _____

Client Name (Last, First)	Date of Birth (MM/DD/YY)	Bed Location (Bed #)	Date(s) Client Observed to be Coughing (MM/DD/YY)	Name of Staff Member(s) who Observed Client Coughing (Last, First)	Referred to which Medical Facility	Transportation Arrangements Made (e.g. ambulance, taxi, other)	Comments
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Appendix F

Los Angeles County Department of Public Health, Community Health Services Division PUBLIC HEALTH CENTERS

Antelope Valley Public Health Center	
335-B East Ave., K-6, Lancaster, CA 93535	(661) 723-4648
<hr/>	
Central Public Health Center	
241 Figueroa St., Los Angeles, CA 90012	(213) 240-8251
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Curtis-Tucker Public Health Center	
123 West Manchester Blvd., Inglewood, CA 90301	(310) 419-5333
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Glendale Public Health Center	
501 N. Glendale Ave., Glendale, CA 91206	(818) 500-5760
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Hollywood/Wilshire Public Health Center	
5205 Melrose Ave., Los Angeles, CA 90038	(323) 769-7920
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Martin Luther King Jr. Center for Public Health	
11833 South Wilmington Ave., Los Angeles, CA 90059	(323) 568-8100 (Select "Speak to a nurse") (323) 568-8756 (323) 568-8757
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Monrovia Public Health Center	
330 West Maple Ave., Monrovia, CA 91016	(626) 301-1932
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Pomona Public Health Center	
750 S. Park Ave., Pomona, CA 91766	(909) 868- 0241
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Torrance Public Health Center	
711 Del Amo Blvd., Torrance, CA 90502	(310) 419-5333
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Whittier Public Health Center	
7643 S. Painter Ave., Whittier, CA 90602	(562) 464-5417
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Appendix G

Los Angeles County Department of Public Health OTHER TUBERCULOSIS-RELATED RESOURCES

24-hour Communicable Disease Emergency Line

(888) 397-3993

Services:

- Help you report emergencies related to any disease that spreads from person-to-person

Hours:

Everyday 24 hours a day

Tuberculosis Control Program

2615 S. Grand Ave, Room 507, Los Angeles, CA 90007

<http://www.publichealth.lacounty.gov/tb/>

(213) 745-0800

(Select Option 4 "Health Ed")

Services:

- Answer your questions related to TB screening
- Help you find where to refer clients that have active TB disease symptoms
- Help you get TB-related technical assistance
- Help you get TB-related training videos/DVDs, posters, or presentations
<http://www.publichealth.lacounty.gov/tb/public.htm>
- Help you request a presentation: <http://tinyurl.com/LACSpeakersBureauRequestForm>

Hours:

Monday-Friday 8:00 am to 5:00 pm

Appendix H

Los Angeles County Department of Health Services, URGENT CARE CENTERS

El Monte Comprehensive Health Center

10953 Ramona Blvd., El Monte, CA 91731

(626) 579-8302: Main
(800) 383-4600: Appointments

Hours:

Monday – Friday 8:00 a.m. - 5:00 p.m.
Saturday (Walk-in) 9:00 a.m. - 5:00 p.m.

H. Claude Hudson Comprehensive Health Center

2829 S. Grand Ave., Los Angeles, CA 90007

(800) 341-9211: Main
(800) 383-4600: Appointments
(213) 744-3701: Urgent Care

Hours:

Monday – Friday 8:00 a.m. - 8:30 p.m.
Everyday (Urgent Care) 8:00 a.m. - 12 Midnight

Harbor/ University of California at Los Angeles (UCLA) Medical Center

1000 W. Carson St., Torrance, CA 90502

(310) 222-2356: Main
(310) 228-8110: Urgent Care

Hours:

Monday – Friday (Urgent Care) 8:00 a.m. - 11:00 p.m.
Saturday – Sunday (ER triage referral only) 10:00 a.m. - 5:00 p.m.
Everyday (Emergency Services) 24 hours a day

High Desert Multi-Service Ambulatory Care Center (MACC)

44900 N. 60th St. West, Lancaster, CA 93536

(661) 948-8581: Main
(661) 945-8520: Urgent Care

Hours:

Monday – Friday 8:00 a.m. - 4:30 p.m.
Everyday (Urgent Care) 8:00 a.m. - 12 Midnight

Hubert H. Humphrey Comprehensive Health Center

5850 S. Main St., Los Angeles, CA 90003

(323) 846-4312: Main
(323) 848-4269: Urgent Care

Hours:

Monday – Friday 8:00 a.m. - 5:00 p.m.
Everyday (Urgent Care) 8:00 a.m. - 12 Midnight

[More >](#)

Los Angeles County (LAC) + University of Southern California (USC) Medical Center

1220 N. State St., Los Angeles, CA 90033

(323) 409-2345: Main
(323) 226-3753: Urgent Care
(800) 383-4600: Customer Service Numbers
(800) 341-9211

Hours:

Monday – Saturday (Urgent Care) 7:30 a.m. - 8:30 p.m.
Everyday (Emergency Services) 24 hours a day

Martin Luther King MACC

12021 S. Wilmington Ave., Los Angeles, CA 90059

(310) 668-4321: Main
(310) 668-4426: Urgent Care

Hours:

Monday – Friday (Urgent Care) 8:00 a.m. - 4:30 p.m.
Everyday (Urgent Care) 7:30 a.m. - 11:00 p.m.

Olive View-UCLA Medical Center

14445 Olive View Dr., Sylmar, CA 91342

(818) 364-1555: Main
(818) 364-4311: Urgent Care

Hours:

Monday – Friday (Urgent Care) 8:00 a.m. - 8:00 p.m.
Saturday (Urgent Care) 8:00 a.m. - 4:00 p.m.
Everyday (Emergency Services) 24 hours a day

Roybal Comprehensive Health Center

245 S. Fetterly St., Los Angeles, CA 90022

(323) 890-2373: Main
(800) 383-4600: Appointments
(323) 780-2433: Urgent Care

Hours:

Monday – Friday 8:00 a.m. - 5:00 p.m.
Monday – Friday (Walk-in) 7:00 a.m. - 5:00 p.m.
Saturday (Walk-in) 8:30 a.m. - 5:00 p.m.

South Valley Health Center

38350 40th St. East, Palmdale, CA 93550

(661) 272-5010: Main
(661) 945-8205: Appointments
(661) 272-5050: Urgent Care

Hours:

Monday – Friday 8:00 a.m. - 8:30 p.m.
Everyday (Urgent Care) 8:00 a.m. - 12 Midnight

Appendix I

Los Angeles County Department of Health Services, PUBLIC HOSPITALS

Harbor/UCLA Medical Center

1000 W. Carson St., Torrance, CA 90502

(310) 222-2345

LAC+USC Medical Center

1220 N. State St., Los Angeles, CA 90033

(323) 226-2622

Olive View-UCLA Medical Center

14445 Olive View Dr., Sylmar, CA 91342

(818) 364-1555

Appendix J

Other ATDs: Signs & Symptoms and What to do if Observed

Other aerosol transmissible diseases (ATDs), like pertussis, measles, mumps, rubella (“German measles”) and chicken pox, should also be considered when shelter staff screens clients. The following is a brief list that should prompt shelter staff to make a referral to a health care provider for further evaluation when identified through a screening process:

- Severe coughing spasms, especially if persistent; coughing fits may interfere with eating, drinking and breathing – **consider pertussis (whooping cough)**
- Fever, headache, muscle aches, tiredness, poor appetite followed by painful, swollen salivary glands on one side or both sides of face in front of ears or under jaw – **consider mumps**
- Fever, chills, cough, runny nose, watery eyes associated with onset of an unexplained rash (diffuse rash or blister-type skin rash) – **consider measles or chickenpox**
- Fever, headache, stiff neck, possibly mental status changes – **consider meningococcal disease**
- Health officials may issue alerts for community outbreaks of other diseases. They will provide screening criteria, and people must be referred to medical providers as recommended by the health officer.

If a shelter client has any of these symptoms, then shelter staff should immediately give them a surgical mask to wear, place them in a separate room away from other individuals, and contact the Department of Public Health on-call medical officer by calling the following phone number:

24-hour Communicable Disease Emergency Line

(888) 397-3993

If the shelter staff member’s phone discussion with the on-call medical officer suspects that the client has an ATD, then the on-call medical officer should assist the shelter to arrange for the client to be transferred to a hospital emergency room under ATD precautions.

The on-call medical officer should also transmit specific instructions to the emergency room staff to place the symptomatic client in isolation for ATDs (negative pressure room desirable) and to further assess the client.

Appendix K

References

- San Francisco City and County Department of Public Health. (2011). *Preventing Aerosol Transmissible Disease: A Reference Guide for Homeless Shelters and Residential Treatment Facilities*. <http://tinyurl.com/SFTBShelterGuidelines>.
- Francis J. Curry. (2011). *Tuberculosis Infection Control: A Practical Manual for Preventing TB*, p. 133.
- Centers for Disease Control and Prevention, Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium tuberculosis infection---United States, (2010). Recommendations and Reports, 59(RR05);1-25.
- Cal/OSHA Consultation Service Overview:
http://www.dir.ca.gov/dosh/dosh_publications/ConsultOverview.pdf
- How Cal/OSHA Consultation Service can help you with your workplace safety and health needs (rev. Feb 2013) --
http://www.dir.ca.gov/dosh/dosh_publications/consult.pdf#zoom=100
- Title 8, California Code of Regulations:
 - Section 5199, *Aerosol Transmissible Diseases*
<http://www.dir.ca.gov/title8/5199.html>
 - Section 5199, Appendix F (of the actual ATD Standard document) *Sample Screening Criteria for Work Settings Where No Health Care Providers Are Available (non-mandatory)*
<http://www.dir.ca.gov/title8/5199f.html>
 - Section 5144, *Respiratory Protection*
<http://www.dir.ca.gov/title8/5144.html>
 - Section 3203, *Injury and Illness Prevention Program*
<http://www.dir.ca.gov/title8/3203.html>
 - Section 3204, *Access to Employee Exposure and Medical Records*
<http://www.dir.ca.gov/title8/3204.html>