Santa Barbara County PUBLIC Health DEPARTMENT	**Manual:** Clinical Operations
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TITLE: Tuberculosis Screening in the Homeless Shelter Setting	

POLICY

The Public Health Department Disease Control and Prevention Program (PHD DCP) recommends that all shelters at which homeless individuals receive services or temporary residence require such clients or guests comply with medical screening including testing for tuberculosis infection and cough alert assessment. In addition, the PHD recommends that all such shelters fully comply with the Cal/OSHA Aerosol Transmissible Disease standard for all employees, contractors who provide services within the shelter and volunteers.

PURPOSE

- To identify individuals who have been infected with M. tuberculosis
- To prevent transmission from infected individuals to others in close proximity
- To refer known or suspected infected individuals for clinical assessment and appropriate treatment
- To assist the shelter in clearing individuals to enter and remain in shelters to obtain services

PROCEDURE

1. The PHD Tuberculosis Controller or Health Officer will determine and set the recommended frequency to test homeless individuals (client) who are seeking services at a homeless shelter.
    a. The standard frequency will be an annual test, unless an order has been issued.

2. The PHD will support testing for tuberculosis by the PHD Heath Care for the Homeless (HCH) program, DCP program, and shelter sponsored programs.
    a. Coordination will occur to assure access to testing for the clients and optimal communication among shelter and PHD staff/programs.

3. The testing program staff may use the TST or IGRA tests for screening for tuberculosis infection.

4. All screeners agree to use the County of Santa Barbara Public Health Department (PHD) Health Care for the Homeless TST/X-Ray/Quantiferon (QFT) Screening Form is initiated by the PHN, RN or Clinician. (HCS 227)

5. If the choice is to use the TST, then the PHD Policy 94-C-009 will be followed substituting the HCS 227 for the HCS 851 recommended in the policy.
    a. The PHD does not recommend two-step testing in the shelter environment.

6. If the choice is to use the IGRA test, then it will be done only by PHD staff and performed according to the PHD policy Quantiferon-TB Gold In-Tube Test.

7. The staff or clinician will document the date the TST was planted, the date read, the result in millimeters (mm) OR the result of the IGRA (QFT-Gold) on the Homeless TST/X-Ray/Quantiferon (QFT) Screening Form (HCS 227). They must print their name and sign the form.

8. Information from the completed form is entered, by the HSA, within 3 working-days in the PHN Database under the following: Activity; Family File (add client data); New Activity (add Type – Outreach, Date, Staff, Location, Outreach Site, TST checkbox, Services Provided – TB Testing); TB Screening Tab (add TST dates given and read and clearance checkbox). This information will then be available in the TB clearance list.

9. When the test is negative, the client is given a TST Clearance Card by the reading clinician with the appropriate information. This must include, at a minimum, client name, date of birth and type of TB screening, date of reading and results in mm if TST.

10. Clients with a positive TST or IGRA will be referred for a one view (PA) chest radiograph according to Standing Order 03-SO-002.
    a. In Santa Barbara, the ordering physicians will be the TB Controller.
    b. For Santa Maria and Lompoc, the ordering physician will be the Santa Maria HCC Chest Clinic physician.

11. Reports of chest radiographs should be sent by FAX from the radiology group to 1) the HCH PHN for SM or SB and 2) the PHD TB Controller for radiographs performed at the SB HCC and to the SM HCC Chest Clinic physician for radiographs performed in Lompoc and Santa Maria. The Cottage Hospital Radiology group will be given the phone contact for the PHD TB Controller in order to call for significantly abnormal results.
    a. The TB Controller and SM HCC Chest Clinic physician will review and sign off the reports. If there is a significant abnormality, the physician will contact Disease Control or appropriate PHD clinician to follow up on the individual.
    b. All CXR reports will be reviewed by the HCH PHNs according to geographic assignment

Normal results

- Will be cleared by HCH PHN and entered into PHN database

Abnormal results

- Any report that reads “consistent with active TB” will be immediately referred to Public Health Disease Control via faxed (HCS-688 **CORRECT LINK TO CMR FOR TB**)
- All other abnormal reports will be given to a HCH clinician or designee for review and further medical follow up.

c. The HCH PHN is responsible to document in the PHN Database the results of the chest x-ray within two working days.
d. The HCH PHN is responsible to input all TB clearance information into the PHN Database on a weekly basis, at minimum.
e. The HCH PHN will forward the original disposition form to medical records to be placed in the client’s chart (if a clinic patient) under the Public Health Tab. A copy is kept in the client’s HCH records if not a clinic patient.
f. The HCH PHN, H.S.A. Sr. and/or the PHD I.T. representative will assure that the clearance results are available to the shelters on a weekly basis, unless individual shelter arrangements are planned.

12. Clients with a positive TST who are documented converters (TST conversion is defined as an increase of at least 10mm of induration from <10mm to ≥ 10mm within 2 years) OR positive Quantiferon (QFT), are reported to the Disease Control Program via a Confidential Morbidity Report (CMR) (HCS-688 **CORRECT LINK TO CMR FOR TB**).
    a. Clients with an abnormal CXR consistent with tuberculosis (TB Suspects) are to be referred to Disease Control immediately via telephone call and by submitting a CMR.
    b. Clients with a negative CXR and symptoms consistent with TB (TB Suspect) are to be referred immediately via telephone call and by submitting a CMR.
    c. The HCH PHN will complete the CMR with pertinent patient information (e.g., date of last negative TST, CXR date if done, etc). The CMR is faxed to Disease Control at (805) 681-4069 immediately.

13. Clients with a positive TST are documented in the PHN Databases as specified in #7 of this procedure with the exception that the test result is positive and the client is not cleared until the Chest X Ray is negative.

14. Clients/ guests in shelters that demonstrate persistent coughing will be referred to the actions in the *Policy and Procedure: Cough Alert Referral Policy*.
    a. For a client that demonstrates a persistent cough and is a moderate to high-risk suspect for TB, regardless of tuberculosis screening result, the Medical/HCH Public Health staff will :
        - Fax a CMR (HCS-688 **CORRECT LINK TO CMR FOR TB**)to the DC office (681-4069)

REFERENCES

Core Curriculum on Tuberculosis – Fourth Edition
Tuberculosis Screening and Positive Tuberculin Testing – SBCPHD –P & P 94-C-009
CDHS/CTCA Joint Guidelines, Targeted Testing and Treatment of Latent Tuberculosis Infection in Adults and Children, pg 6.