



<b>VOLUME 10: PUBLIC HEALTH PROGRAM</b>	Effective Date: 01/2002
<b>CHAPTER 3</b>	Revision Date: 05/2016
<b>POLICY 10.3 TUBERCULOSIS PROGRAM POLICY</b>	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## I. POLICY

- A.** The California Correctional Health Care Services (CCHCS) program of detection, reporting, isolation, treatment, contact investigations, screening, and surveillance of tuberculosis (TB) cases and recent infections shall comply with applicable state law, regulation and national and state guidelines. Using evidence-based guidelines, CCHCS will control TB transmission among patients by:
- Rapidly identifying, isolating, treating, and providing case management of patients with TB disease;
  - Identifying recently exposed patients (contact investigations) and detecting and treating recent TB infections;
  - Providing case management of recently infected, but untreated, patients for two years to detect disease; and
  - Providing case management of patients with latent TB infection (LTBI) who are receiving treatment to prevent development of TB disease; and
  - Requiring that CCHCS providers adhere to the current CCHCS TB Control Guidelines.
- B.** CCHCS health care staff (Registered Nurse [RN], Licensed Vocational Nurse [LVN], Psychiatric Technician [PT]) shall be trained and competent in how to:
- Question patients about signs and symptoms of TB disease
  - Question patients about their previous TB history
  - Accurately place and measure a tuberculin skin test (TST)
- C.** TST documentation on the Tuberculin Testing/Evaluation Report or in the health record shall be completed by the RN, LVN or PT who:
- Collected the patient screening results
  - Placed the TST
  - Measured the TST induration
- D.** TST results  $\geq 5$  mm shall be referred to a Public Health Nurse (PHN) or designated RN. The PHN or designated RN shall complete a chart review on TST results between 5 – 9 mm induration to determine if the TST result is normal or significant. TST results  $> 10$  mm induration shall be referred to a health care provider. TST interpretation shall be documented on the Tuberculin Testing/Evaluation Report or in the health record by the PHN or designated RN.
- E.** Results of the CDCR 7331, Tuberculin Testing/Evaluation Report shall be documented/filed in the patients' health record.

## II. PURPOSE

To minimize morbidity and mortality from TB among patients under the care of CCHCS.

# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

## III. DEFINITIONS

**Latent Tuberculosis Infection:** A TB infection that has not developed into disease. Most TB infections do not progress to TB disease. However, persons with LTBI are at risk of developing TB disease throughout their lifetime and are at higher risk of developing TB disease in the first two years after becoming infected. Patients with LTBI who are immunocompromised are at even higher risk of developing TB disease in the first two years after becoming infected.

**Recent Tuberculosis Infections:** A TB infection detected within the past two years. The new infection can be detected on entry to prison, at annual testing, or in a contact investigation.

**Tuberculosis:** A disease caused by bacteria known as *Mycobacterium tuberculosis*. TB is a treatable infectious disease that usually affects the lungs and airway, but may also affect other parts of the body. People with TB disease of the lungs or airway may be infectious to others until they have received their initial phase of treatment with TB medications. People with TB disease in other parts of the body are not infectious to others.

## IV. RESPONSIBILITIES

At each institution, the Chief Executive Officer shall appoint a provider who is knowledgeable in infectious diseases to be responsible for oversight of the institution's TB control program. This provider, usually the Chief Medical Executive (CME), shall manage the medical services program for all patients who require TB evaluation and treatment. Health care staff under the supervision of the CME and Chief Nursing Executive will conduct contact investigations, provide case management of patients with TB disease and LTBI and monthly follow up for two years on patients with recent TB infections who refused LTBI treatment.

## V. REFERENCES

- California Health & Safety Code, Division 105, Part 5, Chapter 1, Sections 121361-121375
- California Penal Code, Chapter 8, Article 1, Title 8.7, Sections 3000-3456 and 7570-7576
- California Code of Regulations, Title 17, Division. 1, Chapter. 4, Sub-Chapter 1, Article 1, Sections 2500-2505
- Centers for Disease Control and Prevention, Division of Tuberculosis Elimination
- California Correctional Health Care Services Tuberculosis Control Guidelines