

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.60.02	Page 1 of 9
	Original Effective Date: 10/01/04	New Effective Date: 03/25/24
	Supersedes: 500.60.02	Dated: 08/31/23
	Administrator's Approval: Sarah Cooper, Administrator – 03/08/24	
	Required Posting or Restricted:	
<input checked="" type="checkbox"/> PIOC <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Tuberculosis Control Program – PIOC		

POLICY

Division of Adult Institution facilities shall have Tuberculosis (TB) prevention and control plans in compliance with Centers for Disease Control (CDC) and Department of Health Services (DHS) recommendations. This policy addresses screening, testing, risk assessment, treatment and tracking of latent tuberculosis infection (LTBI) and TB disease.

REFERENCES

Wisconsin Administrative Code Ch. DOC 311 – Sections DOC 311.10 and 311.12 - Observation

Wisconsin Administrative Code Ch. DOC 375 – Observation Status in Type 1 Secured Correctional Facilities

Wisconsin Administrative Code DHS 145 - Control of Communicable Diseases

Executive Directive 35 – Confidentiality of Offender Health Information

DAI Policy 500.00.05 – Medical Observation and Monitoring

DAI Policy 500.60.01 – Infection Prevention and Control Program

DAI Policy 500.60.10 – External Reporting of Communicable Diseases

DAI Policy 500.60.13 – Airborne/Droplet Infections

DMS Risk Management Procedure 204-601-0005 – Respiratory Protection Program
Standards for Health Services in Prisons, National Commission on Correctional Health Care, 2018 P-B-02 Infectious Disease Prevention and Control, and 2018 P-E-02 Receiving Screening

MMWR-July 7, 2006/55 (RR09); 1-44 Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC

OSHA's Respiratory Standard 29 CFR 1910.134

Wisconsin Tuberculosis Program, Wisconsin Department of Health Services

<http://dhs.wisconsin.gov/tb/index.htm>

Clinical Infectious Disease 2017; 64(2) e1-e33.

“Official American Thoracic Society/ Infectious Disease Society of America/ Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children.”

P-01182: Positive IGRA: What Next?

F-02314: TB Risk Assessment Questionnaire and Symptom Evaluation

DAI Policy #: 500.60.02	New Effective Date: 03/25/24	Page 2 of 9
Chapter: 500 Health Services		
Subject: Tuberculosis Control Program – PIOC		

DEFINITIONS, ACRONYMS, AND FORMS

Active Tuberculosis - (ATB) – a disease state that is caused by the bacterium Mycobacterium Tuberculosis. Persons who have Active TB disease usually have symptoms, which differ according to the site of the infection. People with this condition are infectious to others.

Advanced Care Provider (ACP) – A provider with prescriptive authority.

Airborne Infection Isolation Room (AIIR) – A single PIOC isolation room with negative pressure ventilation with characteristics appropriate for placement of PIOC who have suspected/confirmed airborne transmissible infection.

Airborne Precautions – Cautionary measures intended to decrease the likelihood of transmission of organisms that can be carried in particles of less than five micrometers in dust particles or on droplets.

ALT – Alanine Aminotransferase

AST – Aspartate Aminotransferase

BCG – Bacillus Calmette-Guerin

BHS – Bureau of Health Services

CBC – Complete blood count

CDC – Centers for Disease Control

DAI – Division of Adult Institutions

DHS - WI TB Program – Wisconsin Department of Health Services Tuberculosis Program

Directly Observed Therapy (DOT) - visual monitoring by a health care worker of PIOC's ingestion of medications, to ensure compliance in difficult or long-term regimens, such as in orally administered treatment for tuberculosis.

DOC- 2077 - Health Transfer Summary [for Jails only]

DOC-3003 – Health Summary

DOC-3220 – Refusal of Recommended Health Care

DAI Policy #: 500.60.02	New Effective Date: 03/25/24	Page 3 of 9
Chapter: 500 Health Services		
Subject: Tuberculosis Control Program – PIOC		

DOC-3504 – Infection Control: Patient and Employee Precautions

DON – Director of Nursing

DPH-F-44000 – Wisconsin Anti-tuberculosis Therapy Program Initial Request for Medication.

DPH-F-02265 – LTBI Confidential Case Report

DPH-F-44125 – Latent Tuberculosis Infection (LTBI) Follow-up Report

DPH-F-44151 – Acute and Communicable Disease Case Report

EMR-AdHoc-INH Treatment – EMR Isoniazid (INH) Treatment AdHoc form

HIV – Human Immunodeficiency Virus

HSU – Health Service Unit

IGRA - Interferon-Gamma Release Assay is blood test that can aid in diagnosing Mycobacterium tuberculosis infection.

Isoniazid (INH) - Medication used in conjunction with RPT or alone to treat ATB or LBTI.

Latent Tuberculosis Infection (LTBI) - A condition in which relatively small number of living tubercle bacilli (Mycobacterium Tuberculosis) are present in the body but are not multiplying, causing symptomatic, Active Tuberculosis Disease and are not infectious.

LFT – Liver function tests

Medical Observation (DAI) – An involuntary or voluntary status used for the temporary confinement of an PIOC as allowed in Wisconsin Administrative Code s. DOC 311.10. The PIOC shall be confined alone in a sanitary, secure cell equipped with an observation port. Transfers to another facility while in medical observation shall not occur unless it is for medical reasons.

MMWR – Morbidity and Mortality Weekly Report

Mycobacterium Tuberculosis – the bacteria that causes Tuberculosis (TB).

NIOSH – National Institute for Occupational Safety and Health

OSHA – Occupational Safety and Health Administration

DAI Policy #: 500.60.02	New Effective Date: 03/25/24	Page 4 of 9
Chapter: 500 Health Services		
Subject: Tuberculosis Control Program – PIOC		

POC-0040A – Infection Control Personal Protective Equipment (PPE)

PAPR - Powered Air Purifying Respirator

PIOC – Persons in Our Care

QuantiFERON® -TB Gold a blood test for Tuberculosis (TB) using IGRA technology.

Rifapentine (RPT) – Medication used in conjunction with INH or alone to treat ATB or LTBI.

Tuberculosis History and Evaluation — EMR

Tuberculin Skin Test (TST) – Introduction of M. Tuberculosis protein into the skin to determine previous exposure or infection.

Tuberculosis Testing- Two types of tests can detect M. Tuberculosis in the body: The Tuberculin Skin Test (TST) and IGRA blood test. A positive TST or IGRA test indicate exposure or infection with M. tuberculosis. Further testing is required to distinguish between Active Tuberculosis (ATB) and latent tuberculosis (LTBI).

USPSTF –United States Preventative Services Task Force

PROCEDURE

I. Screening/ Risk Assessment

A. General

1. PIOC's shall have an annual TB screening interview completed to assess risk factors, signs and symptoms of TB.
2. Health care staff shall conduct the screening. If any positive symptoms are identified, a RN shall complete and document a physical assessment.
3. Pregnancy, lactation or previous vaccination with BCG vaccine are not contraindications for IGRA testing.
4. Interpretation of Positive Screening and/or Testing results shall be completed by the ACP.

II. TB TESTING:

- A. New intakes/admissions and all positive risk screenings shall be tested with IGRA per protocol.
- B. A TST may be done per CDC guidelines as an alternative testing method if clinically indicated.
- C. IGRA testing shall not be completed if:

DAI Policy #: 500.60.02	New Effective Date: 03/25/24	Page 5 of 9
Chapter: 500 Health Services		
Subject: Tuberculosis Control Program – PIOC		

1. TST was completed within the previous 3 months to prevent potential boosting
2. If intake/admission TST is verified and second step completed
3. Past Positive TB test
4. Previous treatment of LTBI or ATB

D. If intake/admission TB testing is not completed the case shall be reviewed by the ACP.

III. Interpretation of TB results

A. Positive results:

1. A positive TB test indicates previous exposure to TB bacteria and does not differentiate between LTBI or ATB.
2. If positive IGRA, no risk factors and asymptomatic perform a 2 step TST
3. If positive TB test and risk factors or symptoms of ATB the ACP shall order further testing including Chest x-ray
 - a. If symptomatic follow procedure in IV
 - b. If ATB ruled out consider for LTBI treatment-no restrictions needed
4. All positive TB tests (suspected or confirmed for LTBI) are to be reported to the local public health within 72 hours by faxing the DPH-F-02265 or via WEDDS.

B. Negative results

1. A negative result does not rule out LTBI or ATB.
2. A negative TB test suggests there has been no previous TB exposure.

C. Indeterminate IGRA results indicates the results are not conclusive so a repeat IGRA or 2 step TST shall be performed.

IV. Suspected Active Disease

- A. If at any time a PIOC is suspected of having ATB, airborne precautions shall immediately be initiated and PIOC shall be placed in medical observation by an ACP pursuant to DAI Policy 500.00.05 and placed in AIIR as outlined in DAI Policies 500.60.01 and 500.60.13.
- B. Staff shall utilize PPE as appropriate, including N95 or PAPR. Refer to POC-0040A.
- C. A surgical mask shall be worn by the PIOC when they are outside of the AIIR.
- D. Facilities are required to have a Respiratory Protection Plan detailing N95 NIOSH respirators training and fit testing.
- E. Staff shall wear appropriate respiratory protection (N95 or PAPR) when transporting PIOC's offsite.

DAI Policy #: 500.60.02	New Effective Date: 03/25/24	Page 6 of 9
Chapter: 500 Health Services		
Subject: Tuberculosis Control Program – PIOC		

- F. Alternate transportation providers shall be notified of the PIOC's status requiring airborne precautions.
- G. An ACP in consultation with the DHS TB Coordinator shall determine when a PIOC may be released from respiratory isolation.

V. Sputum Specimens

- A. Sputum specimens are indicated in PIOC's suspected of having ATB.
- B. An ACP in consultation with the DHS TB Coordinator shall determine when a PIOC may need to have sputum samples collected.

VI. Refusals

- A. PIOC's who refuse TB screening or IGRA testing shall receive counseling regarding the refusal and the PIOC shall be informed of the potential consequences and risks to others.
- B. The ACP shall be notified of all TB screening or IGRA testing refusals. ACP may place a PIOC who refuses screening or testing in medical observation. See DAI Policy 500.00.05.
- C. Refusal and reason for refusal shall be documented on the DOC-3220.
- D. Health care staff who suspect a PIOC has ATB shall Implement steps in IV A.
- E. The PIOC shall remain in medical observation until:
 1. An ACP determines no risk factors remain for transmitting active disease.
 2. The PIOC complies with screening or and a TST or IGRA test.
- F. PIOC's shall not be transferred to another facility while in medical observation status, unless medical reasons exist.

VII. Reporting

- A. HSU staff shall communicate precautions by completing DOC-3504.
- B. Actual or suspected ATB requires reporting via telephone to the local public health agency and completing the DPH-F-44151 or via WEDDS within 24 hours
- C. The HSM/designee shall contact the Warden/designee, facility infection control designee, BHS Healthcare Administrator, Director of Nursing, Infection Control Committee Designee, Associate Medical Director and the Assistant DON assigned to the facility.

DAI Policy #: 500.60.02	New Effective Date: 03/25/24	Page 7 of 9
Chapter: 500 Health Services		
Subject: Tuberculosis Control Program – PIOC		

- D. When a PIOC completes a recommended course of LBTI therapy or discontinues treatment, DPH-F-44125 LTBI Follow-up Report shall be completed and sent to Local public health via fax or mail.

VIII. Medical and Case Management – Latent Tuberculosis Infection

- A. The ACP shall evaluate PIOC with LTBI for potential chemoprophylaxis with INH and/or RPT.
- B. Treatment for newly diagnosed cases of LBTI shall adhere to current CDC guidance, individualized to the PIOC and utilize DOT.
- C. Special treatment recommendations for PIOC with the following conditions shall be developed:
 - 1. HIV/AIDS who are being treated with protease inhibitors and most nonnucleoside reverse transcriptase inhibitors in consultation with infectious disease specialist treating HIV/AIDS.
 - 2. People presumed to be infected with INH-resistant and/or RIF-resistant M. tuberculosis.
 - 3. Pregnant women or women expecting to become pregnant during or following treatment.
- D. PIOC with a history of positive IGRA or TST results who have previously completed treatment for LTBI or ATB do not need to be treated again unless concern exists that reinfection has occurred.
- E. PIOC diagnosed with LTBI or ATB shall be scheduled for annual review for of signs/symptoms of TB following treatment.
- F. Baseline and routine laboratory monitoring during treatment is indicated only when there is a history of liver disease, HIV infection, pregnancy or within three months post-delivery. Suggested labs include:
 - 1. CBC.
 - 2. AST.
 - 3. ALT.
 - 4. Bilirubin.
- G. Repeat LFTs are recommended every two to four weeks while on therapy in PIOC with abnormal liver tests and/or liver disease.
- H. PIOC on INH and/ or RPT therapy shall be assessed weekly by a nurse during treatment.
- I. Assessments shall be documented in EMR-AdHoc-INH Treatment until treatment is completed.
- J. Prescribed treatment with INH and/ or RPT shall be administered by licensed health staff using DOT.

DAI Policy #: 500.60.02	New Effective Date: 03/25/24	Page 8 of 9
Chapter: 500 Health Services		
Subject: Tuberculosis Control Program – PIOC		

IX. Contact Investigation

- A. Facilities shall work with BHS, WI DHS TB Program, facility infection control designee, Local Public Health Agency and the assigned employee health nurse, to determine if and how to proceed with contact investigation.

X. Continuity of Care Issues

- A. Discharge planning shall be done to ensure that PIOC's receiving TB treatment are able to obtain medications and be followed in the community.
- B. PIOC's who are receiving treatment for TB shall be referred to the county public health department where they will reside upon discharge.
- C. The DPH-F-44000 shall be completed and forwarded to the county public health department in order to obtain prescriptions and monitor compliance.
- D. HSU staff shall notify PIOC's of the need for continued care prior to discharge. The need for continued treatment shall be documented on the health summary.

XI. Prevention and Surveillance

- A. Each facility shall implement an effective Respiratory Protection Plan as outlined in OSHA's Respiratory Standard 29 CFR 1910.134.
- B. Surveillance shall be accomplished by performing annual screening.
- C. A risk assessment by the infection control committee shall be performed annually and conducted in collaboration with the Wisconsin Department of Health Services TB Program.

.DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.60.02	Page 9 of 9
New Effective Date:	Supersedes:	Dated:
Chapter: 500 Health Services		
Subject: Tuberculosis Control Program – PIOC		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

I.

A.

B.

1.

2.

a.

b.

c.

3.

C.

II.

III.

RESPONSIBILITY

I. Staff

II. PIOC

III. Other