POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER B-01.1	PAGE NUMBER 1 of 6
	RELATED NCCHC/ACA STANDARDS: P-B-01, J-B-01 (Essential)/ 1-HC-1A-12	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	SUBJECT: MANAGEMENT OF TUBERCULOSIS	
EFFECTIVE DATE: 4/13/09	REVISED: 7/30/2010; 11/24/2011; 4/5/2014	
APPROVED FOR PUBLIC RELEASE		

I. AUTHORITY: Bureau of Correctional Healthcare Services

II. PURPOSE: To provide offenders, staff, contractors and volunteers with screening for tuberculosis (TB) and to provide treatment for offenders for TB.

III. APPLICABILITY: All Delaware Department of Correction (DDOC) employees and vendor staff, offenders, and any outside healthcare provider servicing DDOC offenders.

IV. DEFINITIONS: See glossary.

V. Summary of Changes: This revision adds a pre-employment testing for Latent Tuberculosis Infection (LTBI) and annual testing for all Department employees, contractor staff and vendor staff; clarifies the testing and treatment for offenders and adds a pre-volunteer testing for LTBI.

VI. POLICY:

A. It is the policy of DDOC that every effort will be made to ensure a safe workplace and correctional facility free from TB by identifying DDOC employees, vendor staff, offenders and volunteers with LTBI and ensuring that an appropriate course of prophylactic treatment is obtained.

1. The facilities of the DDOC are categorized as a "nonminimal risk" for TB as defined by the CDC MMWR 55(RR09); 1-44.

B. Every Level 4 and Level 5 facility will develop a site-specific procedure to implement this policy.

VII. PROCEDURE:

A. Offenders

1. Intake Screening

a. Every offender undergoes an Intake Screening in Booking and Receiving within two hours of arrival which includes among other screens (refer to policy 11-E-02 *Receiving Screening-Intake*);

i. a review of previous positive Tuberculin Skin Test (TST) and LTBI treatment for the presence of symptoms of TB; and symptoms of;

persistent cough (i.e., one lasting >3 weeks),
blood-tinged sputum,
lethargy, generalized weakness,
unexplained weight loss,
loss of appetite,
fever or night sweats;

ii. a TST placed on the left forearm unless there is documentation in DACS/EHR of a previously positive TST. If there is no documentation available of the previously positive test the offender will have the TST placed. The TST and blood tests to detect TB infection are not contraindicated for persons who have been vaccinated with Bacillus Calmette-Guerin (BCG) vaccine. BCG vaccination status should not be considered in the interpretation of a positive PPD test. TB skin testing is considered both valid and safe throughout pregnancy;

iii. the TST may be deferred if a previous TST was performed within the previous 6 weeks in the DDOC and the results are annotated in DACS/EHR;

iv. during Intake Screening a Release of Medical Information Form is obtained from the offender to query pharmaceutical databases to determine if the offender has been prescribed any immunosuppressive medicines that may make them more susceptible to TB such as HIV medications, anti-tumor necrosis factor agents like Humira or Remicade, long-term corticosteroids or transplant anti-rejection medications like Cellcept, Tacrolimus or cyclosporine. Offenders having been prescribed these medications will have a TST as listed above under VII.A.1.a.ii. but may have a false negative TST result and may require a chest x-ray to be performed.

b. The Electronic Health Record (EHR) will automatically schedule a reading and measurement of the TST by medical personnel who will annotate the reading and measurement in the EHR.

c. Offenders who have a previous history of active TB disease (not LTBI) or who have symptoms suggestive of TB will have the TST placed and will be housed in airborne infection isolation (AII), also known as the negative pressure room in the infirmary until a chest x-ray proves to be negative, or if there is a positive result, until an inpatient Pulmonary consultation is completed.

2. Chronic Care Clinic

a. For purposes of offenders entering the DDOC facilities, an area of induration (not erythema) of 5mm will be considered a positive TST result.

b. Those offenders who have a newly positive TST will be referred for a chest x-ray within 3 days and enrolled into the Pulmonary Chronic Care clinic.

c. LTBI Treatment guidelines

i. Every newly diagnosed LTBI offender will be prescribed treatment. The treatment guidelines here are not mandatory and may be modified at the discretion of the treating provider.

ii. The preferred LTBI treatment for HIV negative offenders and non-pregnant female offenders is the 12-Dose (Isoniazid [INH] and Rifapentine [RPT]) Regimen. This directly nurse observed treatment is a 12-dose once-weekly regimen of INH and RPT.

iii. HIV-infected individuals receiving anti-retroviral therapy (ART) should be treated with a 9-month regimen of INH. HIV-infected individuals who are otherwise healthy and are not taking ART can be considered for the 12-dose regimen.

iv. If the offender is pregnant, in the absence of risk factors such as HIV positive, wait until after the offender has delivered to avoid administering unnecessary medication during pregnancy. If the offender is pregnant and HIV positive an Infectious Disease consultation will be obtained.

v. Offenders who refuse LTBI treatment will be enrolled into the Pulmonary Chronic Care Clinic and during each visit counselled concerning the risk of developing active TB disease

and the refusal and counselling will be noted in the Health Record Progress notes.

d. Active TB Disease

i. Those offenders who have a chest x-ray suggestive of active TB disease will be housed in the AII and a Pulmonary Consultation obtained.

ii. During transportation and anytime the offender is outside the AII they must wear a surgical mask and DDOC personnel and contractor staff will wear an N-95 mask.

iii. The usual course of treatment of active TB disease will occur as a hospital in-patient under the care of the Pulmonologist with discharge back to the facility only after the offender has been on anti-tubercular medication and is no longer contagious, usually after a number of weeks on anti-tubercular medication. If during an offender's treatment while incarcerated, there is question of contagion, the site Medical Director may transfer the offender back into AII until Pulmonary Consultation is obtained.

iv. If an offender has active tuberculosis and refuses treatment, he will be placed in an AII. The offender will be housed in that area until such time as they are no longer considered contagious. The offender will be considered for forced medication under policy 11-I-2.1 *NON-EMERGENCY INVOLUNTARY MEDICATION ADMINISTRATION*.

3. Annual Offender TB testing

a. All offenders will have an annual TST performed and the results annotated in DACS/EHR. Any offenders refusing TST will be housed in AII, also known as the negative pressure room in the infirmary until the TST is completed.

b. All newly positive TST results will be evaluated with a symptom screen and chest-x-ray as above under VII.A.1.

B. DDOC Employees and Contractor Staff

1. As a condition of employment, all DDOC employees and contractor staff who have any potential contact with or will be working in areas where offenders are present, will have a pre-employment TST or QuantiFERON-TB Gold, or T-Spot blood test performed with the results submitted to BCHS personnel. If the TST is performed the results must include the date and reading measurement of the area of induration, along with the lot number of the serum used in testing and the printed name and signature of the licensed medical personnel measuring the result. If the blood test is performed a copy of the laboratory report must be submitted. If the blood test result is indeterminate the test or a TST must be repeated.

2. If the prospective employee or contractor staff has a positive TST or blood test result they must present documentation of being appropriately treated by a private physician or Public Health Clinic before they may begin employment.

3. As a condition of continued employment, all DDOC employees and contractor staff will have an annual test for LTBI by TST or blood test. BCHS will provide annual TST for those employees who wish to have their test performed by the Department. The employee has the option of having the TST or blood test performed by their private physician and submitting the reports as above under VII.B.1. If the employee chooses to have their private physician perform the tests any co-payments are the responsibility of the employee.

4. If an employee or contractor staff has a newly positive TST or blood test they must have a chest x-ray performed to rule out active TB disease before they may return to work.

5. Correctional and Probation Officers who newly covert their TST or blood test will have the presumption that they were exposed during the performance of their duties and may file a Worker's Compensation claim to cover and expenses associated with the diagnosis and treatment of the LTBI or active TB disease.

6. DDOC employees who refuse to have the annual testing will be subject to disciplinary action. Contractor staff that refuse will have their security clearance suspended pending review by DOC.

7. DDOC provides annual fit-testing of the N-95 mask worn by Correctional Officers when assigned to the infirmary or pharmacy, preform medical runs, and to all medical and mental health contractor staff.

C. DDOC Volunteers

1. As a condition of volunteering, all DDOC volunteers who have contact with offenders will have a pre-volunteer and annual TST or QuantiFERON-TB Gold, or T-Spot blood test performed with the results submitted to BCHS personnel as noted above under VII.B.1.

2. DDOC volunteers that refuse to have the annual testing will have their clearance to enter facilities suspended until the results are submitted.

Approval:

BCHS Bureau Chief, James Welch, RN, HN-BC	Date	Robert Coupe Commissioner	Date
	4/17/2014		4/21/14

References:

National Commission on Correctional Health Care: Standards for Health Services in Prisons, 2008, P-B-01.
National Commission on Correctional Health Care: Standards for Health Services in Jails, 2008, J-B-01.
Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions First Ed, 2002, 1-HC-1A-12.
CDC, Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC MMWR 55(RR09);1-44