

Tuberculosis Guidelines

Congregate Living Settings

Homeless Health
Infectious Disease (HHID)
Program

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Executive Summary

The Homeless Health Infectious Disease (HHID) Program has compiled Centers for Disease Control and Prevention (CDC) and Francis J. Curry National Tuberculosis Center guidelines for sites serving persons experiencing homelessness and those living in other congregate community living settings in order to provide guidance to reduce or eliminate the spread of Tuberculosis (TB) in these settings.

Persons experiencing homelessness (PEH) are at an increased risk of being infected with TB bacteria compared to the general population. This increased risk can be attributed to several factors including substance use, HIV infection, and the shared and crowded environments PEH live in.

This guidance can be used to make informed TB prevention decisions in sites serving PEH and those living in other congregate community living settings. This guidance should not be used to direct decision making in dedicated patient care areas within these settings.

Sites serving persons experiencing homelessness and those living in other congregate community living settings are encouraged to work directly with their local health departments for further specific guidance in these areas. The continuation of services is essential for PEH; community organizations should work together to avoid shelter closures or the exclusion of people with symptoms or positive test results.

Facilities will be provided a framework to assess their risk of TB spread, define everyday prevention measures, build a TB control plan, and additional resources. This guidance will be aimed at protecting both residents and staff in congregate living settings against the spread of TB bacteria, however, these measures can inhibit the spread of similar communicable diseases as well.

Preface

The following guide was created to aid sites serving persons experiencing homelessness and those living in other congregate community living settings in creating a safe environment for staff and residents against TB bacteria spread. The following guidance will provide the necessary education and tools to develop a TB infection control plan. Additionally, these guidelines aim to address concerns or fears staff may have about working with residents living with TB.

Sites serving persons experiencing homelessness are uniquely qualified to inform epidemic (outbreak) risk mitigation for the specific needs of individuals experiencing homelessness within their agency. It is understood that agencies may not be able to implement all the following prevention strategies due to resource constraints, population characteristics, and available planning space. However, agencies should implement as many feasible measures as possible as a multi-layered approach to increase the population's level of protection against TB.

This guidance is intended to be implemented as everyday best practices in addition to current agency infection control measures. The risk of disease severity among people experiencing homelessness (PEH), risk of widespread transmission, and additional agency-specific risk factors warrant a strong recommendation for TB infection control plan development for sites serving individuals experiencing homelessness and those living in other congregate living settings.

The following TB guidance will be revised as the CDC and other relevant health entities continue to update recommended precautions and procedures in sites serving persons experiencing homelessness and those living in other congregate community living settings.

What is Tuberculosis?

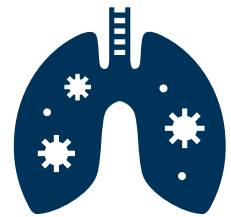
Introduction

Homeless service agencies are an important safety net for PEH. However, sites serving persons experiencing homelessness and other congregate community living settings present an ideal environment for airborne disease spread. There is an increased risk of TB bacteria spreading in overcrowded living environments, among populations living with poor nutrition and lack of regular healthcare. These risk factors are commonly seen among PEH and subsequently, leave the population at an increased risk of TB exposure.

Tuberculosis is a bacterial infection caused by a bacteria called *Mycobacterium tuberculosis*. This bacterial infection most commonly attacks the lungs but can be found in any part of the body including the kidneys, spine, and brain. Two TB- related conditions exist: latent TB infection (LTBI) and TB disease. Not everyone infected with TB bacteria becomes sick.

TB disease of the throat and lungs is infectious and may spread to other individuals. TB disease of the kidneys, spine, brain etc., is noninfectious. The following guidelines will focus on TB infection and TB disease of the throat and lungs. It can be assumed that each mention of TB disease refers to TB disease of the throat and lungs.

However, TB disease in any location of the body can be fatal, if left untreated. With proper diagnosis and treatment, TB disease is curable.



How is TB spread?

TB bacteria is spread through the air from one person to another. A person with TB disease of the lungs or throat can spread TB bacteria into the air when they cough, speak, or sing. Individuals within close contact may breathe in the bacteria into their lungs where it may begin to grow.

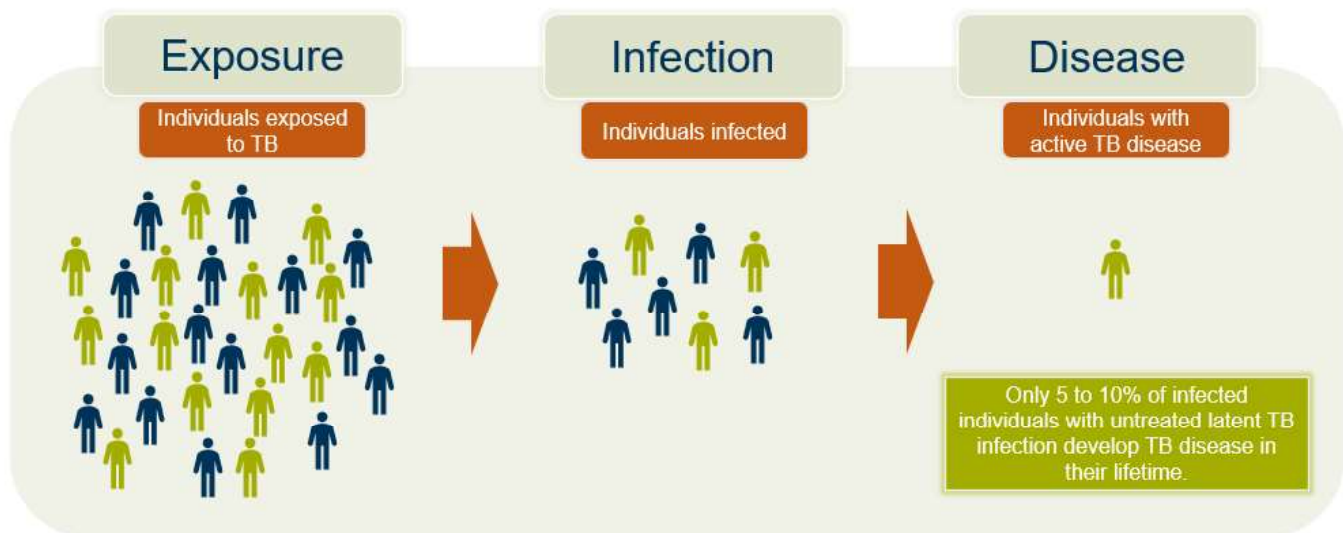
Here, TB bacteria may move through the bloodstream to other parts of the body such as the kidneys, spine, or brain.

TB bacteria is not spread by:

- Touching someone’s hands or body.
- Sharing food or drink.
- Touching personal belongings (bedding, clothing etc.,) or communal resources (showers, sinks, toilets, etc.,).

Healthy individuals living with a TB infection may never develop TB disease. About 5 – 10% of individuals who have TB infection will develop TB disease in their lifetime.

The remaining 90 – 95% will be infected, but free of the disease and subsequent symptoms for the rest of their lives. However, certain medical conditions or repeated TB exposure can increase the risk that the infection develops into an active case of disease.



TB Disease Risk Factors

Some individuals may develop TB disease within weeks of being exposed before their immune system can fight the TB bacteria. Other individuals may develop TB disease years after being exposed when their immune system is weakened due to a medical condition or individual risk factor.

Individuals at an increased risk of developing TB disease can be categorized as:

- Individuals who have been recently infected with TB bacteria.
- Individuals living with risk factors (medical conditions or individual risk factors) that weaken the immune system.

Individuals who have been recently infected with TB bacteria	Individuals living with risk factors that may weaken the immune system
<ul style="list-style-type: none"> • Close contacts of an individual with TB disease. • Population groups with high rates of TB transmission including PEH, persons using intravenous (IV) substances, and persons living with HIV infection. • Individuals who work with the population groups discussed above. 	<ul style="list-style-type: none"> • HIV infection • Substance use • Diabetes mellitus • Severe kidney disease • Low body weight • Head and neck cancer

Latent TB Infection and TB Disease

It is important to highlight the differences between TB infection and TB disease when assessing the risk of exposure to others. Individuals living with TB infection may not be living with TB disease and therefore may not be infectious. Staff members, volunteers, and other residents may be able to interact with an individual living with TB infection safely and without becoming sick. TB is not infectious at this stage.

The charts below detail the crucial differences between TB infection and TB disease:

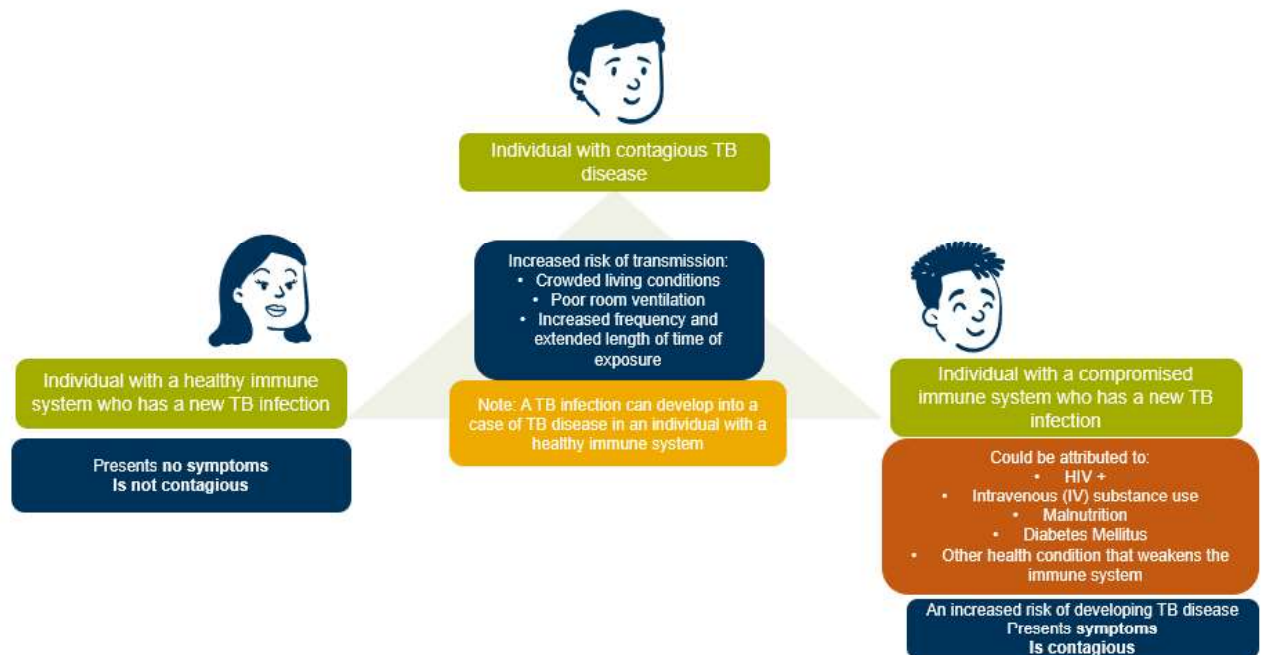
Latent TB infection (LTBI)
<ul style="list-style-type: none"> • TB infection occurs when an individual breathes in TB bacteria and becomes infected. TB bacteria can live in the body without making someone sick. A healthy immune system is able to fight off bacteria and prevent it from growing. The individual is infected but will stay healthy.
<p>TB infection requires medical treatment but is not contagious at this stage.</p>

TB disease

- TB infection can turn into TB disease when the immune system cannot stop the TB bacteria from growing. When TB bacteria are active and multiplying in the body, this is TB disease. Individuals with TB disease are **sick** and will be **symptomatic**.

TB disease requires immediate medical treatment and may be contagious at this stage.

The following illustration represents how TB exposure can lead to infection and subsequent TB disease:



Signs and Symptoms of TB Infection and TB Disease

TB infection and TB disease share a few crucial similarities and differences between initial testing and symptom development. These differences dictate whether it is safe for staff, volunteers, and residents to interact directly with an individual who may be suspected of having TB or whether immediate medical evaluation is needed. The following chart below describes the similarities and differences of signs and symptoms of TB infection and TB disease.

Latent TB infection (LTBI)	TB disease
You have a positive TB skin test or TB blood test result (+)	You have a positive TB skin test or TB blood test result (+)
You have a normal chest x-ray (-)	You have an abnormal chest x-ray (+), or TB bacteria is found in your cough or sputum ¹
You have no symptoms	You have symptoms that may include: <ul style="list-style-type: none"> • A cough that persists for three weeks or longer • Chest pain • Coughing up blood • Unexplained weight loss • Loss of appetite • Sweating at night/during sleep • Fever • Fatigue
You cannot spread TB to others	You may spread TB bacteria to others

It is important that individuals without a prior history of TB infection who receive a positive TB skin test or TB blood test result (+) receive further testing. An individual who has previously contracted a TB infection may continue to test positive for TB when a skin test or blood test is conducted even if they have received proper treatment. To minimize concern, it is important that staff, volunteers, and residents are asked whether they have prior medical history of TB infection before they receive a TB screening. The recommended screening questionnaire for TB infection and TB disease can be found in the appendix of this document.

If an individual receives a positive skin test or blood test result, their medical professional will decide what form of further testing is necessary.

Frequently Asked Questions (FAQs)

¹ A mixture of mucus and saliva that is coughed up from the lungs.

Q: Why should I be concerned about TB at my shelter?

A: Shelters and other congregate living settings are an ideal setting for airborne disease spread. These settings present a location where individuals may be living in close quarters, with poor nutrition, risk factors that may weaken the immune system, and lack of regular healthcare. Staff and volunteers who provide for residents in these settings are at an increased risk of TB exposure as well. By having a TB infection control policy in place, you can help to prevent the spread of TB and protect community members within and outside of your agency.

Q: What if a client is reluctant to get examined?

A: It is important to act with empathy and respect towards the client's feelings and wishes. Staff should appear relaxed and confident when speaking to a resident about their exposure or symptoms. Staff are encouraged to allow the residents to express their concerns and fears.

TB spread is a public health concern for the community. It is important that staff work with their local health department to help prevent the further spread of TB. If a resident continues to be reluctant, staff are encouraged to reach out to their local health department for further assistance and materials.

Q: Where can I get help?

A: It is highly recommended that agency staff establish a working relationship with their local health department for TB preparation and response. A recommended contact sheet for education, screening, and treatment can be found in the appendix of this document.

Everyday Prevention Measures

A TB infection control program and policy at your agency can assist in creating a healthy and safe environment for staff, volunteers, and residents. The following items are recommendations for front line staff members.

Checklist:

Plan and prepare before an active case of TB appears at your shelter.

- **Training:** Request staff receive TB training from your local health department to learn more about TB and what their health department’s policy and process is for reporting a potential case.
- **Get staff tested for TB:** Staff members are recommended to participate in yearly TB screenings. Staff in sites serving people experiencing homelessness and other congregate living settings may be at an increased risk of TB infection and TB disease.
- **Offer TB testing for residents:** Agency leadership can partner with their local health department to offer TB testing alongside other health services such as sexually transmitted infection (STI) screenings or vaccinations.
- **Implement the “Cough Alert” Policy:** Observe residents who may be presenting a consistent cough. A recommended cough alert policy and log can be found in the appendix of this document.
- **Assess the environment:** It is recommended that the agency is assessed yearly for air circulation, bed placement, and resource availability (tissues, masks, etc.,). These are modifiable factors that can increase or decrease the risk of TB spread within the site.

Cough Alert Policy

It is important that staff in sites serving individuals experiencing homelessness and other congregate living settings remain vigilant for the signs and symptoms of TB disease. Frontline staff who work with residents daily may be the first to notice new symptom development.

By identifying potential cases early, staff are ensuring the protection of fellow staff members and residents. The chart below includes cough characteristics and additional symptoms that staff are recommended to look out for among residents.

Reportable cough symptoms	Additional reportable symptoms
<ul style="list-style-type: none"> • A cough that takes place throughout the night • A cough that persists for three weeks or longer without improvement • A cough that produces blood 	<ul style="list-style-type: none"> • Weight loss • Sweating at night/during sleep • Fever • Chest pain • Fatigue • Loss of appetite

Staff who have identified a resident who fits these outlined criteria are recommended to:

- Encourage the resident to cover all coughs and sneezes.
- Encourage the use of a surgical mask and tissues. It is recommended that all staff are aware of where personal protective equipment (PPE) is stored.
- Record the **date**, **client name**, and **bed location** of the ill resident. Escalate this information to agency management promptly. It is recommended that agency management contact the established TB contact person at the local health department immediately.
- It is encouraged that the resident is referred for a medical evaluation. If the resident is unable to receive medical services right away, separate the individual from fellow staff and residents.

Risk Assessment

Assessing the risk of TB case development within your agency assists in determining how extensive a TB infection control policy is needed. Agencies are encouraged to work in collaboration with their local health department to develop an effective, yet feasible TB control policy based on their determined risk.

If your county reports very few or no cases of TB, your homeless service agency may be at a low risk for TB spread and a basic TB control plan may be sufficient. However, if your county reports a moderate to large number of TB cases relative to overall state trends, a more extensive TB control plan may be necessary.

The Indiana Department of Health (IDOH) releases an annual report from the TB Prevention and Care Program for the public. The TB Prevention and Care Program Annual Report ² provides a thorough overview of TB rates and impacted populations in the state of Indiana. However, for the purposes of risk assessment with sites serving those experiencing homelessness and other congregate living settings; we will be focusing on the number of reported cases per county. However, agencies are encouraged to view the report for additional information and insight if interested.

At the time of the release of this document, we are able to view case rates per county as recent as 2022. As of 2022, **Hendricks**, **Marion**, **Allen**, and **St. Joseph** Counties saw the highest rates of reported TB cases. Agencies in these counties are recommended to

² The 2022 TB Prevention and Care Annual Report can be accessed [here](#).

adopt more extensive TB control policies and procedures. Agencies are encouraged to work alongside their county health department for additional information concerning case rates and population groups impacted in their county.

Additional agency specific characteristics may influence the risk of TB spread within the agency. These are factors that may vary from agency to agency across a region. Therefore, agencies located in the same county may share the same county specific risk factor (county case rates) but have their own agency specific risks and in result may need TB infection control policies of different extents.

The following chart outlines county and individual agency risk factors for TB transmission. Agencies that largely fit the characteristics outlined as high-risk are encouraged to develop more extensive guidelines than agencies in the low-risk group.

Risk classification	Risk definition	Protective and risk factors for TB transmission
High-risk	<ul style="list-style-type: none"> • Moderate to high number of reported TB cases in your county (yearly rates). • Prior case(s) of TB in the agency. • Agency does not have a TB infection control policy in place. 	<ul style="list-style-type: none"> • Congregate living setting (e.g., residents sleep close together in shared space, spend a lot of time in close quarters). • The agency has poor ventilation conditions. • Staff do not participate in regular TB screening or training. • Residents are not provided with TB information (e.g., pamphlets, posters). • Agency staff and residents do not practice respiratory hygiene.

Low-risk	<ul style="list-style-type: none"> • Little to no reported cases of TB in your county. • No prior cases of TB in the agency. • Agency has a TB infection control policy in place. 	<ul style="list-style-type: none"> • Separate living units. • Residents spend a short amount of time in close quarters. • The agency has good ventilation conditions. • Staff participate in regular TB screening and training. • Residents are provided with TB information (e.g., pamphlets, posters). • Agency staff and residents practice respiratory hygiene.
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Improving the Environment of the Agency

In addition to forming a TB infection control plan, there are additional measures staff members can take to improve conditions and reduce the risk of TB spread within their agency. The following categories are recommended additions for agencies working to develop TB control plans.

Improve ventilation:

Ensure HVAC systems are operating properly. Ventilation improvements move air into, out of, or within a room. Filtration improvements trap particles in filters to remove them from the air. By improving ventilation and filtration measures within the agency, staff can help to keep TB bacteria particles from accumulating inside.

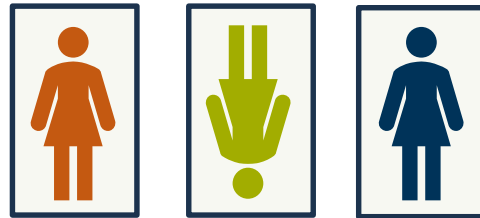
If it is safe to do so, agencies are recommended to open doors and windows to bring in fresh air. Although fully open doors and windows will provide the best improvement, even cracked windows can improve circulation. Bathroom and stove exhaust fans can provide additional airflow as well.

Agencies with central heating, ventilation, and air conditioning are recommended to regularly change their system filter per manufacturer direction. For agencies without a central air system, portable high efficiency particulate air (HEPA) cleaners can provide additional particle filtration.

Bed arrangement:

Beds or resting mats that are placed too close together in a “head-to-head” arrangement may increase the risk of spread of TB bacteria due to the proximity of residents. This proximity and the extended time that residents spend in this orientation may increase the risk of airborne disease spread.

It is recommended that beds and resting mats are placed approximately 36-48 inches apart in a “head-to-toe” format. The graphic represents the recommended “head-to-toe” format.



Respiratory hygiene:

Respiratory hygiene is an infection control measure aimed at limiting the transmission of respiratory pathogens that are spread by droplets. Respiratory hygiene practices are recommended for all staff, volunteers, and residents.

For Staff:

- Provide tissues and no touch receptacles for their disposal.
- Provide resources for performing hand hygiene (hand sanitizer/ soap).
- Offer masks to all symptomatic residents.
- Encourage symptomatic residents to sit at a distance from other individuals
- whenever possible.

Staff should encourage residents to:

- Cover their mouth and nose when coughing or sneezing.
- Use tissues and throw them away.
- Wash their hands or use hand sanitizer every time they touch their mouth or nose.

TB Infection Control Plan

Agencies are encouraged to plan, develop, and implement a TB infection control policy before an active case of TB occurs. Planning is the best form of prevention. Below are the recommended topics for an agency TB control policy.

A recommended TB control plan checklist can be found in the appendix of this document. This checklist clearly defines roles, contact information, and timelines for agency leadership. Agency leadership are encouraged to publish the completed policy to all staff members for quick implementation in the event of a TB case.

Education

Homeless service agency leadership are recommended to arrange and provide TB education for all staff, volunteers, and residents. Education is an important first step in identifying the signs and symptoms of TB disease early. Consider a “house meeting” as an opportunity to provide information and share the agency’s plan with staff and residents.

Local health departments may be able to assist with education and training resources. It is recommended that TB education takes place on a yearly basis or if there is a period of staff or leadership turnover.

TB Screenings

It is recommended that agencies coordinate TB screenings for staff, volunteers, and interested residents. It is recommended that these screenings take place every 6-12 months. Agencies that fit the high-risk category outlined in the chart on page 12 are especially encouraged to follow these recommendations.

Protective Personal Equipment (PPE) and Other Resources:

It is important that staff, volunteers, and residents have access to surgical masks and tissues in order to practice proper respiratory hygiene. Staff are encouraged to know

where these items are and to offer them to residents while explaining the importance of covering coughs and sneezes.

If a Resident is Symptomatic

If a resident presents symptoms that may be associated with TB disease, it is important that they are referred for medical evaluation immediately.

However, if the resident is unable to receive a medical evaluation immediately, it is important that the resident moves into isolation until so. Residents in isolation are encouraged to remain within their rooms or isolation space where available.

Residents should be encouraged to wear a mask and follow respiratory hygiene and cough etiquette while staying in an isolation space. Individuals who may be in isolation for a respiratory illness or other infectious disease that is not TB should not be isolated with someone who is suspected of having TB disease related symptoms.

The Health Department's Role

The health department will assure treatment, case management, and potential housing for residents with TB disease. The health department may conduct contact investigations to identify additional individuals that may have been exposed to TB. It may be asked of your agency to assist in locating residents for testing who may have been exposed to TB.

In some situations, the health department may conduct more extensive testing at your agency. More extensive testing can be necessary for several reasons to assess risk among those who may have tested positive for latent TB before.

If a resident has tested positive for TB infection or TB disease, the health department may deliver TB medications to residents within your agency to ensure they are taking their medication and monitor their treatment. This procedure is referred to as directly observed therapy (DOT). It is incredibly important that individuals who have tested positive for TB receive their medication on time and consistently throughout their treatment period. This procedure is most used in situations where a person may have certain barriers to receiving medication at the health department. Agency staff may be asked to assist in ensuring that a client continues to stay in contact for treatment.

It is important to notify the local health department when a resident or staff member tests positive so that follow-up and treatment can begin as soon as possible, for either Latent TB infection or TB disease.

As a reminder, local health departments can offer free or low-cost testing for TB, assist with chest x-ray referrals, and provide additional healthcare services at the same time for residents and staff. An agency does not have to experience a case of TB at their agency first to be eligible for these resources.

Summary

It is important that agencies serving individuals experiencing homelessness and those living in other congregate living settings have a TB infection control policy in place before an active case of TB appears at the agency. TB infection control plans may include education, screening, risk assessment, and important referral contact information. Agencies can begin TB control planning by establishing a relationship with their local health department.

The continuation of services is essential for people experiencing homelessness; community organizations should work together to avoid shelter closures or the exclusion of people with TB symptoms or positive test results.

PEH present as an at-risk population for TB, but agency staff can implement interventions to ensure the health and wellbeing of the community they serve. TB is both treatable and curable.

Resources: Materials

About Tuberculosis, CDC. December 19, 2023. <https://www.cdc.gov/tb/about/index.html>

About Inactive Tuberculosis, CDC. December 20, 2023.
<https://www.cdc.gov/tb/about/inactive-tuberculosis.html>

TB Risk and People Experiencing Homelessness, CDC. April 23, 2024.
<https://www.cdc.gov/tb/risk-factors/homelessness.html>

Francis J. Curry National Tuberculosis Center. Shelters and TB: What Staff Need to Know, Second Edition. January 2008: [inclusive page numbers].

2022 Annual Report: TB Prevention and Care Program. IDOH. October 2023: [inclusive page numbers].

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TB Control Plan

Agency leadership are recommended to meet with their local health department to assess risk for TB within the county, shelter, etc. and determine an appropriate TB control plan. Agencies are recommended to designate a staff member for each of the activities outlined below.

Activity	Frequency	Date Completed	Person(s) Responsible
<p>1) Assign Responsibility</p> <p>a) Establish a relationship with a point person at the health department.</p> <p>b) Designate staff member to contact this contact person.</p> <p>i) TB Control Contact Information (phone number and email).</p> <p>_____</p>			
<p>2) Conduct Risk Assessment</p> <p>Community Profile:</p> <p>a) Number of cases: _____</p> <p>b) Percent of PEH cases in county: _____</p> <p>c) Number of active TB cases within the agency last year (residents and staff): _____</p>			
<p><i>*Annual state and county to be provided by the local health department.</i></p>			
<p>3) Review Agency Written TB Control Plan</p>			
<p>4) Provide TB Education for Staff</p>			
<p>5) Screen Staff and Volunteers</p> <p>a) Baseline screening questionnaire.</p> <p>b) Routine (six months to one year) testing.</p>			
<p>6) Screen All Residents</p> <p>a) Refer residents with symptoms of TB for evaluation:</p> <p>Medical evaluation site or contact: _____</p>			
<p>7) Report Suspected and Confirmed Cases</p> <p>a) If a suspected or confirmed case of active TB disease is found, call the established health department contact to report the concern and discuss further steps.</p>	As Needed		

TB Screening Assessment

The following screening assessment can aid agency staff in interviewing residents for possible exposure or symptoms of TB disease. It is recommended that residents are screened for TB prior to joining common spaces of the agency.

Risk Factors may include:

- History of a positive TB skin or TB blood test
- Prior close contact with someone who has or was suspected of having active TB of the lungs or throat.
- Prior diagnosis or treatment of active TB.

Recommended Questions:

- 1) Have you ever been treated for tuberculosis, or ever received a positive skin or blood test for TB?
- 2) Have you spent time with anyone who has had TB?
- 3) Do have a cough? Has that cough lasted for at least three weeks?
- 4) Have you coughed up any blood? If yes, when?
- 5) Have you felt feverish or had chills? Are you sweating profusely at night while sleeping (night sweats)? If yes to either of these questions, how long?
- 6) Have you traveled outside of the U.S? If yes, where to?

If a resident responds yes to any of the above questions, it is recommended that:

- The resident is placed in a private room or area and movement through the agency is limited.
- The resident is provided with a surgical mask and tissues and is recommended to follow respiratory hygiene recommendations.

These recommendations are encouraged until the resident is able to receive a medical evaluation.

Cough Alert Policy and Procedures

The Cough Alert Policy and Procedure sample is to assist agency staff in identifying and preventing the spread of TB in order to protect the safety of staff and residents. Staff play a crucial role in detecting early signs and symptoms of TB disease because of their familiarity with clients and the agency. This policy can be implemented by staff who work closely with or who monitor sleeping spaces at night.

Purpose: To identify signs and symptoms of TB disease early in order to decrease the spread of the disease within homeless service agencies or other congregate living settings.

Background: Unsuspected TB can spread to staff and residents. There is an increased risk of TB bacteria spreading in overcrowded living environments and individuals living with poor nutrition and lack of regular healthcare.

Recommended Policy and Procedures:

Agency staff are recommended to be vigilant of residents who are:

- Coughing throughout the night
- Coughing for more than three weeks without improvement
- Experiencing weight loss, night sweats, and/or fever
- Coughing up blood

Procedures:

1. Recommend that the resident practices respiratory hygiene with masks and tissues.
2. Record the date, client name, bed number or location, and provide this information to agency management. Enter assigned staff member information here:

3. The assigned staff member will notify the established health department contact for medical evaluation of the resident. Enter contact information of health department contact: _____
4. The assigned staff member will notify the resident confidentially that urgent medical evaluation is needed and will provide information on receiving that evaluation.
5. The evaluation is recommended to be completed as soon as possible through the following agency or entity. Enter medical evaluation site information here:

6. Ensure that the resident receives a medical evaluation.

TB Response Contact Information

Agencies are encouraged to prepare for a Tuberculosis (TB) case before a case arises. Please complete the following TB response contact sheet below.

TB Screening and Prevention

Organization: _____

Address: _____

Phone: _____

Office Hours: _____

Contact Person: _____

TB Follow-Up Care and Intervention

Organization: _____

Address: _____

Phone: _____

Office Hours: _____

Contact Person: _____

TB Education

Organization: _____

Address: _____

Phone: _____

Office Hours: _____

Contact Person: _____

Other

