Tuberculosis Education, Training & Screening for Agency Staff, Volunteers and Clients

SECTION 1: Agency Staff & Volunteers: Education, Training and Screening

A. Recommended Training

All homeless facilities should establish a TB Policy that includes a requirement of formal training of employed and volunteer staff. Requirements for TB training should also be incorporated into job descriptions and personnel policies. It is important that employees at all levels of a homeless-serving organization have an understanding of TB. Executive directors and upper level management should sufficiently understand the key elements of TB so that they provide appropriate leadership and support within their organization to help prevent TB. It may not be necessary for certain upper management positions to have annual TB refresher training; each agency can make that judgment call as appropriate. Agencies should also use judgment about requirements for volunteers: those who are anticipated to work very small numbers of cumulative hours (fewer than 10) will be at lower risk for TB.

When training staff and volunteers, homeless agencies should bear in mind the fact that risk factors vary from program to program. For example, the risk of TB transmission is greater in a congregate facility (where clients sleep in the same room) than it is in a facility where clients reside in individual units.

Basic training recommendations are as follows:

1. All staff and volunteers should receive TB education within 30 days of starting work. This requirement should be incorporated into the agency's TB Policy. Options for accomplishing this requirement may include:

    • Viewing a PowerPoint presentation or video on TB education and prevention training for non-health care workers; or
    • Participating in an agency-sponsored TB training that addresses the topics in the following section (Section B).

2. Homeless agencies should keep records documenting which staff have received TB training and the dates. Staff should receive training when they first begin working for the agency and participate in a refresher training annually thereafter.

3. Public Health Nurses from Health Care for the Homeless consult with homeless serving agencies, assist with TB risk assessments, and provide TB/Communicable Disease training sessions for staff and clients.

4. Various training materials, brochures, and videos are available through private and public resources. For suggestions on training materials appropriate for your agency, contact Public Health—Seattle & King County TB Control Program at (206) 744-4579 or Health Care for the Homeless Network at (206) 296-5091.

B. Sample TB Training Outline

It is recommended that TB training be provided to all staff and cover, at a minimum, the following topics:

1. What is Tuberculosis?
    a. TB incidence in Seattle & King County
    b. TB incidence among the homeless population
2. Tuberculosis transmission: How it is given to others.
3. The difference between TB infection and TB disease.
4. Who is at risk for TB infection and disease?
5. TB and HIV connection.
6. The signs and symptoms of active TB disease.
7. Interpretation of TB skin testing: What a positive skin test means.
8. The difference in TB skin test requirements for different types of staff and clients.
9. How to effectively ask a client about TB symptoms.
10. Cultural considerations.
11. How to evaluate and handle clients who seek shelter and are suspected of having active TB disease.
12. TB prevention measures: How can shelter staff protect themselves and their clients?
    a. Where tissues and masks are stored.
    b. Importance of using tissues to cover coughs and other preventive measures.
    c. Ventilation.
13. Identifying and referring persons for medical evaluation (Cough Alert Policy).
14. TB policies and procedures.
15. Referral mechanisms:
    a. TB Clinic and other Public Health Clinics.
    b. HCHN clinics in shelters.
    c. Community clinics and other primary care sites.
16. The importance and means of maintaining confidential client information and records.

C. Recommended Screening for Homeless Agency Staff & Volunteers

A TB counseling, screening, and prevention program for homeless agency staff—including volunteers—should be established to protect both staff and clients. Screening requirements should be included in the agency TB policy, in job descriptions, and in personnel policies. It is recommended that agencies develop their screening policy in collaboration with Public Health Seattle & King County TB Program.

Homeless agency staff that has positive TB skin (TST) or blood test (IGRA) results should be evaluated to rule out active TB first. Documentation of the results of the IGRA/TST among the homeless shelter staff can offer valuable information to assess current infection control practices. Please note that Public Health—Seattle & King County recommends different TB screening practices for homeless agency staff than it does for the clients of homeless agencies. .

1. Recommended Screening

All homeless shelter staff should have baseline TB screening on record. Some shelter staff may need to be evaluated on an annual basis, depending on the site's risk assessment and on the incidence of active TB cases at your facility. Public Health's TB Control Program can offer suggestions for your agency upon request. All homeless shelters should have a written and enforced policy that staff will be required to show proof of TB screening. Screening for TB consists of TB disease screening (symptom review and possibly chest x-ray and sputum examination) and latent TB infection screening (TB skin or blood test).

The first TB skin testing should be done prior to, or on the first day of employment. If an employee has tested positive for TB in the past and can provide documentation of his/her status, s/he should not have

another blood (IGRA) or skin test (TST). Instead, s/he should be screened with a chest x-ray or have a TB symptom assessment (questionnaire) to identify any symptoms of active TB.

Agencies should appoint one person responsible for documenting TB status and blood/skin-test results of all staff and volunteers. The tuberculosis and immune status of staff members is confidential health information and individual privacy is protected by law.

2. Two-Step TB Skin Testing

Two step TB skin testing means that a second TB skin test is placed 1-3 weeks after the first skin test on all staff whose first skin test was negative (no skin reaction). Some people infected with TB may have a negative reaction to the skin test if many years have passed since they became infected. They may have a positive reaction to a subsequent skin test because the initial test stimulates their ability to react to the test. Therefore, a second test ensures that any staff members with an old TB infection are identified. Two-step testing or a single blood test is recommended for new hire employees.

Staff that have not had a documented negative TB screening with a skin or blood test within the last 12 months will be required to undergo two step baseline TB skin testing (1-3 weeks apart) or a blood test.

Two-step skin testing may prove to be a practical challenge for some programs to implement for new employees. Without the two-step testing, an agency may potentially delay finding out information on the true TB status of an employee. While this is not the ideal, recommended method of testing, a single skin test is better than none. Alternatively, one blood test can be administered.

3. Staff Who Are Skin or Blood Test Positive (+TST/+IGRA)

Recommendations for staff that have positive skin tests:

- Have an initial chest x-ray or provide documentation regarding a chest x-ray (written report of a chest x-ray within the past 6 months).
- Complete symptom questionnaire (see Appendix E for a sample symptom questionnaire).
- Receive a medical evaluation to determine need for further workup or treatment.
- An administrator of the homeless agency should notify the TB Control Program of a new conversion (a new conversion is when a person has a positive skin or blood test after previously testing negative). The TB Control Program may conduct a coordinated investigation if there are multiple converters at a shelter or other homeless service site because it may be an indicator of exposure to infectious TB at the facility.

4. Staff Who Are Symptomatic or Suspected of Having TB Disease

Staff that is symptomatic (show signs of disease) or are suspected of having active TB disease shall be required to have:

- An immediate medical evaluation through either his/her private medical provider, a Public Health Clinic site or at a community health center. The medical evaluation will include a IGRA or TST and/or chest x-ray within 48 hours.
- Be immediately excluded from the workplace until confirmed non-infectious.

5. Staff Who Have HIV/AIDS or Compromised Immune Systems

Immunocompromised staff or volunteers will need TB screening by symptom review and chest x-ray since TB blood and skin testing may be falsely negative for these individuals. They also need informed counseling of the potential risk of acquiring TB on the job due to their medical condition.

6. **Resources for Staff TB Testing in Seattle & King County**

   TB testing by appointment is available at Community Health Centers and most private physician offices.

   TB testing is available for agency staff covered under employer contracts for TB tests at:

   - Downtown Public Health Center (206) 296-4755, 2124 Fourth Avenue, Seattle WA 98121

   If you have any questions regarding staff TB testing, call Health Care for the Homeless Network at (206)-296-5091.

SECTION 2: TB Screening of Homeless Agency Clients

A. Screening Clients at Admission

Every client who has a cough does not have active TB and thus they should not be turned away before assessment. However, homeless agency staff is encouraged to offer masks or tissues to a client who is coughing and provide education about the importance of covering one's mouth when coughing.

Recommendations on admission:

- **Attendance Logs and Bed maps**. On a daily basis, all clients entering shelters or day centers must sign in or be signed in upon arrival at the facility. The client's first and last name should be clearly printed (legible) and it should be evident what date(s) the client stayed at the program. If the program rotates location, the sign-in log should also state the location of the program that night. If the program has a system for identifying bed numbers or locations (bed map), that would ideally be recorded in the log as well. This serves as a record should TB contact investigation become necessary. All client logs should be kept for a minimum of three months. If possible, keep records for six months.
    - Review of attendance logs was invaluable in the investigation of the 2002-03 TB out-break, and allowed Public Health to quickly identify people who had been in close contact with people who had active TB disease.

Health Assessment Recommendations:

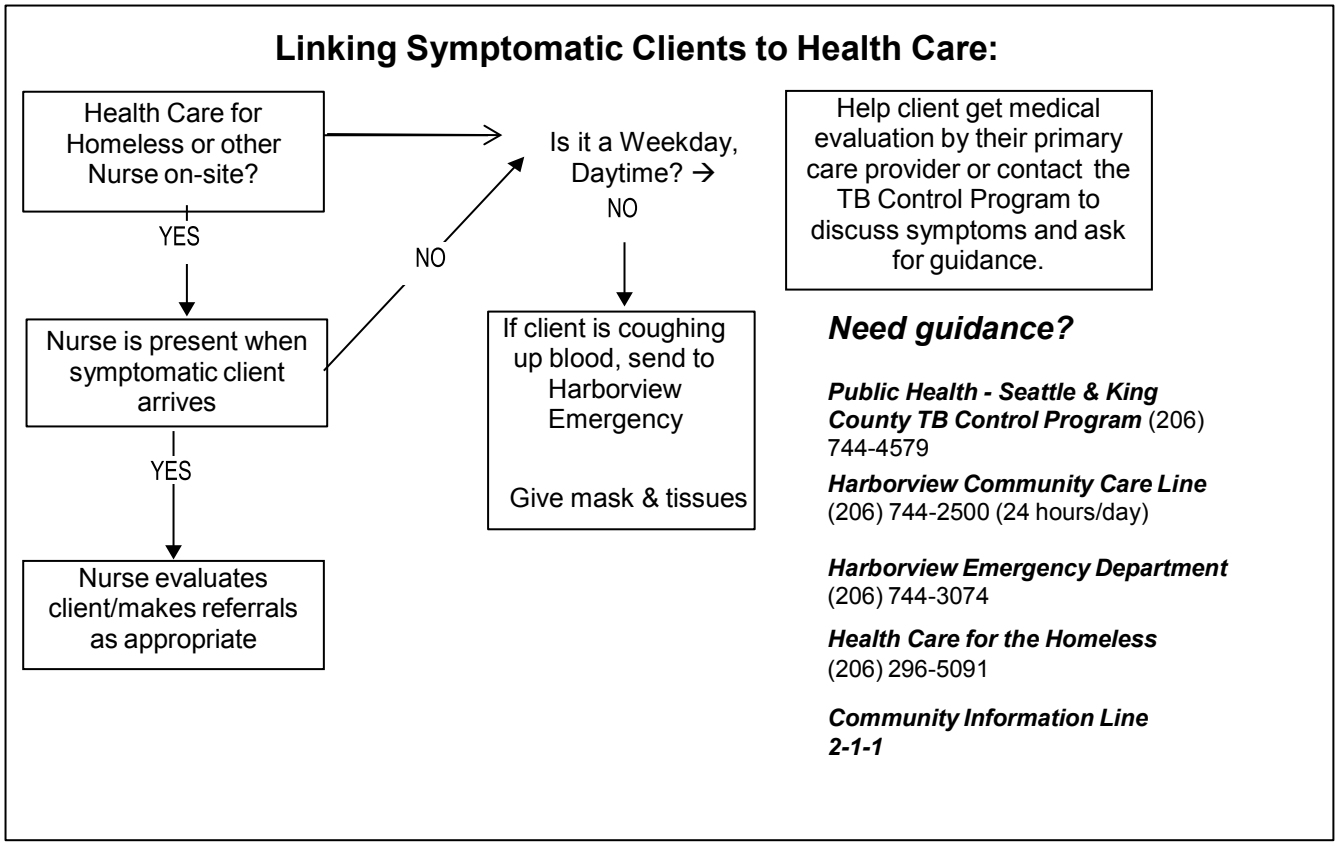
- Many homeless service agencies conduct some form of intake to determine a given clients' needs and concerns. As part of this assessment, it is important to ask a series of health-related questions. Your agency assessment form should include questions specific to TB symptoms.
- When a client with a cough is identified, he or she should be taken aside by shelter staff and asked if he/she has had a cough for more than three weeks.
- Further information on the following clinical symptoms of TB disease would be useful.
    - Weight loss
    - Night sweats for more than a week
    - Fever for more than a week
    - Bloody phlegm or coughing up blood
- Advise client to cover their nose and mouth with tissue when coughing.

Getting Symptomatic Clients to a Health Care Provider

- Homeless people may have serious coughs for many different reasons: colds and flu, smoking, asthma, emphysema/chronic bronchitis (COPD), and TB – among others.

- All clients with a chronic cough for three weeks or more should have the cough evaluated by a medical provider.
- Each agency may have different procedures in place for referring sick clients to health care. If the client has a regular primary care provider, he or she should see that provider as soon as possible, ideally within 48 hours. If feasible, send the client by cab to a health care appointment, asking them to use a mask or tissue in the cab and in the clinic waiting area.
- If your program has an on-site nurse on duty, refer the client there.
- In downtown Seattle, two clinics have same-day appointments available on weekdays.
    - Pioneer Square Clinic (206-744-1500): clients should arrive as close to 7:00 a.m. as possible (8:00 a.m. on Wednesdays) to get an appointment that day. Please verify the info before referring your clients.
    - Third Avenue Center (206-521-1231): clients should arrive at 7 am or 1 pm for morning or afternoon appointments. . Please verify the info before referring your clients.
- Note that symptoms such as coughing up blood, persistent chest pain, or shortness of breath can be serious and clients should be evaluated as soon as possible. Help arrange an appointment that same day, or send the client to Harborview Medical Center Emergency Department and be sure to supply them with masks and tissues.

The chart below provides general referral guidelines and recommendations for medical evaluation of symptomatic clients.



Agencies that work with homeless people should be alert to changes in people's health status and link sick clients to health care through Harborview Medical Center, Pioneer Square Clinic, Pike Market Medical Clinic, Third Avenue Center or a community or public health clinic.

Agencies ***are not*** asked to make a judgment call on whether a client has TB or not, but rather to pay attention to the symptoms of your clients and help them get to a health care provider. The TB control program can provide advice/guidance if you have concerns about client's possible TB symptoms.

B. Managing Coughing Clients

Shelters should consider implementing a "Cough Alert Policy" as a way to bring greater internal structure to identifying clients with chronic coughs. The policy can help ensure that the appropriate supervisors in your agency are informed about any clients with TB symptoms. Alternatively, your agency may have other policies and procedures into which a cough alert mechanism could be incorporated. If a Cough Alert Policy is implemented, shelter management should ensure that this policy is followed and is part of routine employee orientation.

C. Confirmation and Screening Tests for Suspected TB

Symptomatic clients will be expected to have had a clinical evaluation through a primary care provider, Seattle & King County Public Health - TB Control Program, or a Health Care for the Homeless nurse within 48 hours.

The TB Control Program ensures that confirmed TB cases and patients who are highly suspected of having active TB disease are isolated at least until they are no longer infectious. If you know your client has been isolated and receiving treatment for active TB, you can contact the TB Control Program to learn if the person has been cleared to return to your program.

If you would like help with TB training for staff, call Health Care for the Homeless Network, 206-296-5091.