

MICHIGAN DEPARTMENT OF CORRECTIONS <b>POLICY DIRECTIVE</b>		EFFECTIVE DATE 10/21/2013	NUMBER 03.04.115
SUBJECT CONTROL OF TUBERCULOSIS IN OFFENDERS		SUPERSEDES 03.04.115 (02/14/05)	
		AUTHORITY MCL 333.2843(b), 333.5201 et seq., 791.203	
		PAGE 1 OF 3	

**POLICY STATEMENT:**

The Department shall have a program in place to prevent and control the transmission of tuberculosis (TB) among offenders which is consistent with guidelines of the Centers for Disease Control and Prevention (CDC) and the American Thoracic Society (ATS), federal and state law, and currently acceptable medical practices.

**RELATED POLICIES:**

- 02.04.110 Control of Tuberculosis in Employees
- 03.04.110 Control of Communicable Diseases

**POLICY:**

DEFINITIONS

- A. Active TB Disease – A clinically infectious disease caused by mycobacterium tuberculosis organisms which are spread from person to person through the air. Active TB disease is generally manifested by a positive skin test, positive sputum cultures, abnormal chest x-ray (if the disease is in the lungs) and signs and symptoms of the disease (e.g., productive cough, coughing up blood, weight loss, loss of appetite, lethargy/weakness, night sweats, fever).
- B. TB Infection – Exists when mycobacterium tuberculosis organisms are present in the body but are neither active nor infectious.
- C. Medical Provider – A qualified health professional who is a physician, physician assistant, or nurse practitioner.
- D. Offender - A prisoner, probationer or parolee housed in a Department facility.
- E. Skin Test (PPD) - A Mantoux tuberculin skin test.

GENERAL INFORMATION

- F. The Chief Medical Officer (CMO) of the Bureau of Health Care Services (BHCS) shall oversee TB control activities throughout the Department. This includes the authority to develop, implement, enforce, and evaluate TB control practices. The CMO shall ensure coordination and monitoring of tuberculosis screening and treatment programs is in cooperation with the Michigan Department of Community Health.
- G. The Infectious Disease Control Committee shall maintain a TB Prevention and Control Plan requiring early detection, isolation and treatment of prisoners with infectious TB.
- H. In conjunction with the Office of Training and Recruitment, the BHCS Administrator shall ensure training on TB control and prevention is developed and provided to appropriate Department staff, including health care staff who administer TB skin tests or interpret the results.

TB EDUCATION

- I. Health care staff shall educate offenders about TB while they are in a reception facility and as otherwise

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 10/21/2013	NUMBER 03.04.115	PAGE 2 OF 3
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indicated.

#### QUARANTINE OR REFUSAL

- J. An offender who refuses to submit to required screening, testing or treatment by health care staff shall be quarantined, if recommended by the Regional Medical Officer. Prisoners in a Correctional Facilities Administration (CFA) institution shall be quarantined as set forth in PD 03.04.110 "Control of Communicable Diseases".

#### SCREENING FOR TB

- K. Health care staff shall screen all offenders for symptoms of active TB, history of active TB, and history of treatment for TB infection or active TB, as soon as possible after arrival at a reception facility, at SAI or a Reentry Facility. All prisoners in CFA institutions shall similarly be screened on an annual basis unless the Centers for Disease Control issues a shortage notice at which time health care staff may implement a prioritized testing protocol until the shortage is abated. Screening shall include a skin test unless there is satisfactory written medical documentation of a negative skin test within the preceding 90 calendar days, a past positive skin test or the offender reports a previous positive skin test or there is written medical documentation of a past significant positive reaction. Whenever a skin test is not given, the Tuberculosis Symptoms Health Service Questionnaire (CHJ-270) shall be completed in lieu of the test. All results should be documented in the medical record.

#### SUSPECTED OR CONFIRMED ACTIVE TB

- L. Whenever an offender has suspected or confirmed active TB, staff shall immediately institute infection control procedures as documented in the TB prevention and control plan.
- M. A prisoner in a CFA institution with suspected or confirmed active TB shall be placed in respiratory isolation and transferred as soon as possible to a negative pressure room at Duane L. Waters Hospital or other inpatient medical care facility.
- N. A prisoner with active TB shall be scheduled for clinic visits at least monthly except while in a negative pressure room.

#### TREATMENT OF TB INFECTION IN CFA INSTITUTIONS

- O. Health care staff shall ensure that all prisoners in a CFA institution who have a positive skin test are evaluated to determine their need for preventive therapy for TB infection after active TB has been ruled out.
- P. Health care staff shall use a therapeutic regime determined by the CMO in conjunction with guidelines from the CDC and ATS to treat TB infection. All preventive therapy shall be given under the direct observation of health care staff. Prisoners who have a positive skin test shall be offered HIV counseling and testing unless known to be HIV positive and already provided the counseling.

#### MISSED OR REFUSED MEDICATION/APPOINTMENTS BY CFA PRISONERS

- Q. A prisoner who misses a dose of medication for the treatment of either TB infection or active TB shall be immediately referred to the MP for a chart review.
- R. The Regional Medical Officer shall be informed of a prisoner being treated for active TB who misses two scheduled health care appointments or who refuses medication for active TB after therapy has started. The prisoner may be quarantined from the general population as set forth in PD 03.04.110 "Control of Communicable Diseases".

DOCUMENT TYPE POLICY DIRECTIVE	EFFECTIVE DATE 10/21/2013	NUMBER 03.04.115	PAGE 3 OF 3
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### BHCS DISCHARGE PLANNING FOR CFA PRISONERS

- S. Health care staff shall develop a discharge plan for each prisoner who paroled or discharges while being treated for TB infection or active TB. The facility Health Unit Manager or designee shall advise the tuberculosis control official of the local health department in the county to which the prisoner is being released of the prisoner's TB status and the need for follow-up care. The prisoner shall be released with one month's supply of medication and written documentation confirming an appointment with the local public health department.

### DATA COLLECTION AND REPORTING

- T. All suspected or diagnosed cases of active TB shall be reported promptly to the CMO and to the appropriate local health department as set forth in PD 03.04.110 "Control of Communicable Diseases".

### OPERATING PROCEDURES

- U. The CFA Deputy Director and BHC Administrator shall ensure that joint procedures are developed as necessary to implement requirements set forth in this policy. The FOA Deputy Director and BHC Administrator shall similarly ensure that joint procedures are developed. The procedures shall be completed within 60 calendar days after the effective date of the policy directive. This requirement includes ensuring that their existing procedures are revised or rescinded, as appropriate, if inconsistent with policy requirements or no longer needed.

### AUDIT ELEMENTS

- V. A Primary Audit Elements List has been developed and is available on the Department's Document Access System to assist with self audit of this policy, pursuant to PD 01.05.100 "Self Audit of Policies and Procedures".

APPROVED: DHH 10/3/13