

Infection Prevention Plan Guidelines, Version 3.0, September 30, 2016

- I. Learn about TB
 - a. For a presentation on tuberculosis (TB) from the Florida Department of Health in Hillsborough County, Call 813-307-8047 to request.
 - b. [Understand why homeless shelters are vulnerable, The United States Interagency Council on Homelessness](#)
 - c. [Shelters and TB: What Staff Need to Know, Viewers Guide from the Curry International Tuberculosis Center](#)
 - d. [Shelters and TB: What Staff Need to Know, 2nd Edition, 2013 DVD from the Curry International Tuberculosis Center.](#)
- II. Be alert to clients exhibiting the signs and symptoms of TB disease
 - a. Assess symptoms at intake (Sample Screening Tool Attachment 1)
 - b. Establish health care referral processes (Sample Referral Letter Attachment 2)
 - c. Maintain a/an cough/illness line list (log) (Sample Log Attachment 3)
- III. Assess your shelter on the Promoting Health in Homeless Shelters Continuum of Integration (Attachment 4)
- IV. Adopt an Infection Prevention Policy and assess the risk of TB transmission in your facility.
 - a. Address with Health Recommendations and Shelter Assessment tool
 - i. Annual assessment (Assessment Tool Attachment 5)
 - ii. Maximize bed spacing, arrange head-to-toe
 - iii. Open windows and doors for ventilation
 - iv. Maintain bed logs and participate in Unity
 - b. Adapt Curry International Tuberculosis Center [Infection Control in Specific Settings and Procedures \(Homeless Shelters\)](#) guidelines
 - c. Work within existing Safety, Employee Health, or Infection Control programs
 - d. Administrative controls: staff training, medical referrals
 - e. Environmental controls: Replace ventilation filters regularly, and maintain records.
 - f. Personal protection: Develop cough and hand washing practices, educate with posters.
- V. Educate staff on the steps to take when suspecting a case of TB or an outbreak of other communicable diseases. (Attachments 6 and 7)
- VI. Create a donation list for your community support and volunteers
 - a. Items to include:
 - Tissues
 - Bar soap
 - Paper towels
 - Hand sanitizer
 - Laundry detergent
 - Toothbrushes
 - Toothpaste

Attachment 1: Sample Symptom Screening for Homeless Clients

Paste logo or letterhead here

Tuberculosis (TB) Symptom Screening Assessment

Client name _____ Date _____

Staff completing _____ Date _____

Have you had any of the following symptoms recently? (circle yes or no)

Cough and/or hoarseness lasting more than 3 weeks?	Yes	No
Recent unexplained weight loss?	Yes	No
Fever or night sweats for more than a week?	Yes	No
A productive cough or coughed up blood?	Yes	No

Do you have Insurance? Yes or No

Staff signature

Agency note: *If Client reports cough for more than 3 weeks, or coughing up blood, please refer for medical evaluation or consult with the Florida Department of Health at 813-307-8047.*

Attachment 2: Sample Referral Letter

Paste logo or letterhead here

Date: _____

To: TB Scheduling Line – Health Department – 813-307-8047

From: Name, Position, and Agency

_____ is homeless and being considered for entry into our Agency,
Program name, Address.

Our agency is participating in the Promoting Health in Homeless Shelters workgroup. We are referring the above individual for (circle one: TB skin test or chest x-ray)

Information needed:

Name	
Date of Birth	
Contact information (phone, address, or MM)	
Reason referred (symptoms)	
Type of Insurance (if don't have, not required)	

By signing I authorize my TB results to be faxed to Agency name at 813-Fax number in attention to Staff name.

Client signature

Date

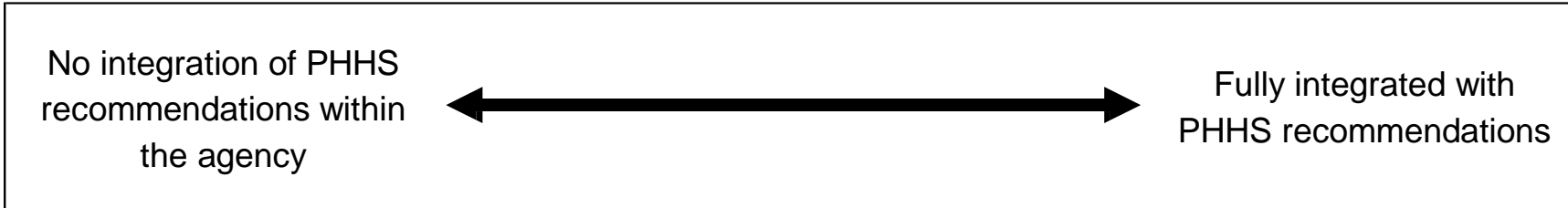
Staff print name

Date

Staff signature

Attachment 4: Continuum of Integration

Promoting Health in Homeless Shelters—Continuum of Integration



- 1**
No infection prevention/control or health education policies and procedures mandated by the organization
- 2**
Providing symptom screenings to clients at intake/annually
- 3**
Number 2, plus providing health education to staff and clients
- 4**
Implementation of TB prevention measures within the agency
- 5**
Number 3, plus providing TB testing (including referrals) for: (1) clients at intake and annually and (2) high-risk staff upon start of employment and annually

Attachment 5: Health Recommendations and Shelter Assessment
Health Recommendations and Shelter Assessment

Date of Assessment/Review: ____/____/____ (perform annually)

Q: What Can Your Shelter Do to Prevent the Spread of Tuberculosis (TB)?

A: Follow the health recommendations below

- Provide education about TB for staff, clients, and volunteers.
- Post signs to promote “cough etiquette” and proper hand washing.
- Provide tissues and use them for both staff and clients when they are coughing.
- Maintain as much space as possible between beds and position beds “head to toe” rather than “head to head.”
- Maintain logs or “bed lists” and keep them for one year.
- Conduct a shelter assessment yearly to determine your risk.

Q: How Do You Conduct a Shelter Assessment for TB?

A: Complete the following questionnaire and contact the Florida Department of Health.

Below are some characteristics of shelter populations that may help you determine if your shelter clients are “at-risk” for TB. Identifying whether your shelter is low or high risk helps you determine the level of education, health screening, and testing for your shelter staff and clients. If you answer “yes” to *any* of the following questions, your shelter population is considered to be “at-risk.”

<i>Are your shelter clients:</i>		
Chemically dependent?	YES	No
Frequently incarcerated?	YES	No
Homeless?	YES	No
Chronically homeless?	YES	No
Coming to your shelter from countries where TB is common (Central & South America, Asia, Central & South Africa, or Eastern Europe)?	YES	No
Do your shelter clients sleep in a common area where beds are closer than 6 feet apart?	YES	No
Does your shelter population turn-over more than once a week?	YES	No
Have there been TB cases in a homeless shelter in the community where your facility is located?	YES	No

Contact the Florida Department of Health (DOH) in Hillsborough County at 813-307-8047 for TB information and to schedule a visit of your shelter. During the visit, the DOH will discuss your level of risk, the Promoting Health in Homeless Shelters Workgroup, and resources available for health information. The DOH Mission is to protect, promote and improve the health of all people in Florida through integrated state, local and community efforts.

Attachment 6: Steps to Take When a Client has been Identified with Active TB Disease

TB Signs and Symptoms

1. Cough for 3 or more weeks and/or coughing up blood
2. Night sweats for a week or longer
3. Unexplained weight loss
4. Loss of appetite

Not sure if it's TB? Please call!

Cough Etiquette

- Cover both mouth and nose when coughing and sneezing
- Cough into your sleeve or a tissue
- Wear a mask in health care settings

Frequent and open communication is key to stopping the spread of TB!



When you call:

Be prepared to provide DOH-Hillsborough with the following information:

1. Shelter name, address, phone number, and point of contact to discuss the client and situation
2. Information about the illness
 - Date of first illness
 - Number of ill persons
 - Symptoms of illness
 - Has the client been hospitalized?

★ All information shared will remain confidential per HIPAA guidelines.

Shelters will be expected to provide information about exposed clients and employees. This can be shared over phone or fax, but NEVER email

DOH-Hillsborough will provide you with:

1. Letters for clients to be left with their case manager (if applicable)
2. TB education,
3. TB screening, if needed

DOH-Hillsborough will let the employee or client know their lab results and if any adjustments should be made to the current process. This will help determine whether testing is necessary for other shelter clients and employees.

DOH-Hillsborough will let you know when the investigation is closed.

Attachment 7: Steps to Take When Identifying a Communicable Disease Outbreak

Signs of an outbreak:

1. Sudden increase in sick residents (over what is normally seen)

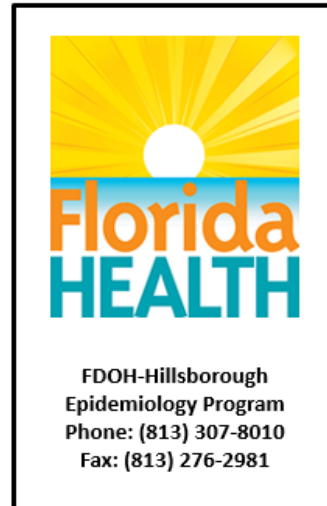
Or

2. Two or more persons sick with similar symptoms and a shared room or activity

Call FDOH-Hillsborough
Epidemiology Program
(813) 307-8010

Not sure if it's an outbreak? Please call!

Frequent and open
communication is key
to helping outbreaks
end more quickly!



When you call:

Be prepared to provide FDOH-Hillsborough with the following information:

1. Shelter name, address, & phone number
2. Name of best contact at the shelter during the outbreak
3. Information about the illness
 - Date of first illness
 - Number of ill persons
 - Symptoms of illness
 - Length of illness

- **All information shared will remain confidential per HIPAA guidelines**

Public and private businesses are authorized to provide requested information regarding the identities and locations of persons with a similar or common potential exposure to an infectious agent to the Department of Health. F.A.C. 64D-3.041

During an outbreak:

Shelters will be expected to provide information about sick residents on a daily basis. This can be shared over phone or fax, but NEVER email

FDOH-Hillsborough will provide you with:

1. Door signs
2. Letters for residents
3. Recommendations for cleaning the shelter and how it can be prevented in the shelter setting

FDOH-Hillsborough will let the shelter know about lab results, and if any adjustments should be made to the current outbreak process

FDOH-Hillsborough will let you know when the outbreak is over