

Good Morning

[Name]

[Occupation]

[Employer]

I'm with the Promoting Health in Homeless Shelters workgroup.

I'm here today to provide an update on the progress we have made in the last year and a half.

BACKGROUND

- TB disease outbreaks in homeless population across the U.S., including Florida
- TB exposures in Hillsborough County shelters
- Workgroup established in February 2013 under THHI



- The reason the Department of Health created PHHS is due to the increase in tuberculosis outbreaks among homeless populations across the U.S.
- Jacksonville, FL experienced a large outbreak of TB in the homeless and it took time and dedication from our public health workforce to contain the outbreak.
- My supervisor participated in the public health response to the TB outbreak and decided that something should be implemented in Hillsborough County to prevent something like that from occurring within one of our local shelters.
- Even though we have yet to have a massive outbreak like Jacksonville, local homeless shelters have had incidences of TB exposure where the Department of Health has to intervene to get the individual into TB care, identify their contacts within the shelter(s) which consist of both clients and employees, then provide testing and follow-up services to individuals who test positive.
- Because we have such a great TB Program in Hillsborough County, we are able to respond to these situations quickly and intervene before TB spreads within a facility; however, there may be instances where disease transmission may go unnoticed in the shelters. So this is where the agencies involved with the CoC come in.
- We established the PHHS workgroup in February 2013 under the auspices of THHI to bring awareness to the threat of TB and other communicable diseases that disproportionately affect the homeless population.

PROGRESS

- Florida Department of Health in Hillsborough County (DOH-Hillsborough), TB Center provided fee-waived services to clients referred from eligible shelters
- Conducted mass TB screening event at local shelter due to TB exposure
- Developed an infection prevention plan (IPP)



- Since the start of the workgroup, the DOH – TB Center has been providing fee-waived TB services to individuals referred by qualifying agencies within the CoC. So far we have received referrals for TB testing and CXRs from various agencies who are represented here today.
- Furthermore, we had to respond to a TB exposure at a shelter here in Hillsborough County. We were able to find the sick individual and get them into care, identify their contacts through client bed logs, provide a mass TB testing event at the facility to determine if anyone was positive, and provide preventive treatment to those who tested positive.
- Now keep in mind that just because someone is infected with TB, doesn't mean that they are contagious. It is when an individual has TB disease, which typically consists of coughing (which may or may not be productive and/or bloody), fever, weight loss, and night sweats, that they are infectious to other individuals. Those individuals that we treated were offered treatment to prevent themselves from becoming sick with TB in the future.
- The big project to come from the workgroup was the Infection Prevention Plan, or IPP, which is a template for shelters to use to assess the level of risk of TB transmission within their facility and implement measures to reduce the risk of that happening.

INFECTION PREVENTION PLAN (IPP)

- Symptom screening
- Referral letter
- Cough/illness alert log
- Shelter assessment
- Health promotion toolkit

Infection Prevention Guidelines, Version 1.3 DRAFT, September 18, 2014

- 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, 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/can cough/illness log (Sample Log Attachment 3)-Need more information on [what to do by how to do \(include template\)](#)
- III. Adopt a TB 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 4)
 - 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 shelter guidelines
 - c. Work within existing Safety, Employee Health, or Infection Control programs
 - d. Administrative controls: staff training, medical referrals
 - e. Environmental control: Replace ventilation filters regularly, and maintain records
 - f. Personal protection: Develop cough and hand washing practices, educate with posters
- IV. Create a donation list for your community support and volunteers**
 - a. Items to include:
 - Tissues
 - Bar soap
 - Hand sanitizer
 - Laundry detergent
 - Toothbrushes
 - Toothpaste
 - Paper towels



- The 5 parts to the IPP include templates for symptom screenings, referral letters, cough/illness alert log, annual shelter assessment plan, and a health promotion toolkit.
- As you can see on the right, we created guidelines for infection prevention for each shelter to follow:
 - Learn about TB is the first. The DOH TB Center (aka me) is available to provide TB presentations to staff of homeless shelters to educate them about TB and what to do if they suspect an individual has TB disease. We also included links to national organizations that support this kind of initiative, as well as an online video that discusses what staff need to know about TB.
 - The next step is to be alert to clients exhibiting signs and symptoms of TB disease. This is the point of the educational session. We want to teach the staff at your agency who deal with clients on a regular basis about how to identify if an individual could potentially have TB and how to handle that situation. This is where the symptom screening, referral letter, and cough/illness alert log come into play, which I'll discuss on the next slide.
 - So, following that step, we recommend that each shelter adopts an infection prevention policy that assess the risk of TB transmission in your facility. This is the annual shelter assessment plan that you see on the 4th bullet. This plan helps you identify if your shelter has a high, medium, or low risk of TB transmission. The plan offers ways for your shelter to reduce

that risk, which we'll get into in a moment. Also, adopting the shelter guidelines by national organizations such as the Curry International TB Center will also be beneficial as it has some more detailed ideas for those of you who have the resources to implement these kinds of controls.

- Finally, we learned from the workgroup that each agency does not have the same amount of resources available to them to purchase infection prevention supplies, so it was proposed that each shelter should create a donation list for various items such as tissues, soap, and hand sanitizer to help control the spread of communicable diseases within your shelter.

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, 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 email)	
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 1 on the left is the sample symptom screening form. In the red box, you'll see the questions the form asks regarding the client's symptoms. At the bottom, it states to contact the DOH if a client is experiencing these symptoms, especially coughing for more than 3 weeks, without another known cause.
- Attachment 2 on the right is a sample referral letter. You can see that the majority is just demographic information and then justification for the referral and type of insurance, if applicable. This referral letter can be faxed to the DOH TB Center and we will see the client at no charge to them for whatever TB-related service they seek. This is not applicable to other health department services such as HIV care, HIV/STD testing, and Immunizations. If you have clients who need these services by the DOH, then you would need to contact those departments separately. We would be glad to assist in that process if need be.

Attachment 3: Sample Cough Alert Log

Paste logo or letterhead here

Instructions for Shelter Staff:

Please give this log to your Administrator/Health staff if you have a client that has a constant cough. The Administrator/Health staff is responsible for 1) assessing the client for signs of active TB disease and 2) determining if the client needs referral for a medical evaluation.

Name of Shelter: _____

Date: _____

Client Name (Last, First)	Date of Birth (MM/DD/YY)	DOB Location (Dist #)	Diagnosis (MM/DD/YY)	Client Observed (Last First)	Name of Staff Member who Observed	Referred to Medical Facility (Name)	Transportation arrangement (e.g., ambulance, taxi, other)	Comments

Attachment 4: Health Recommendations and Shelter Assessment

Health Recommendations and Shelter Assessment

Date of Assessment/Review: ____/____/____

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."

Are your shelter clients:	YES	No
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.



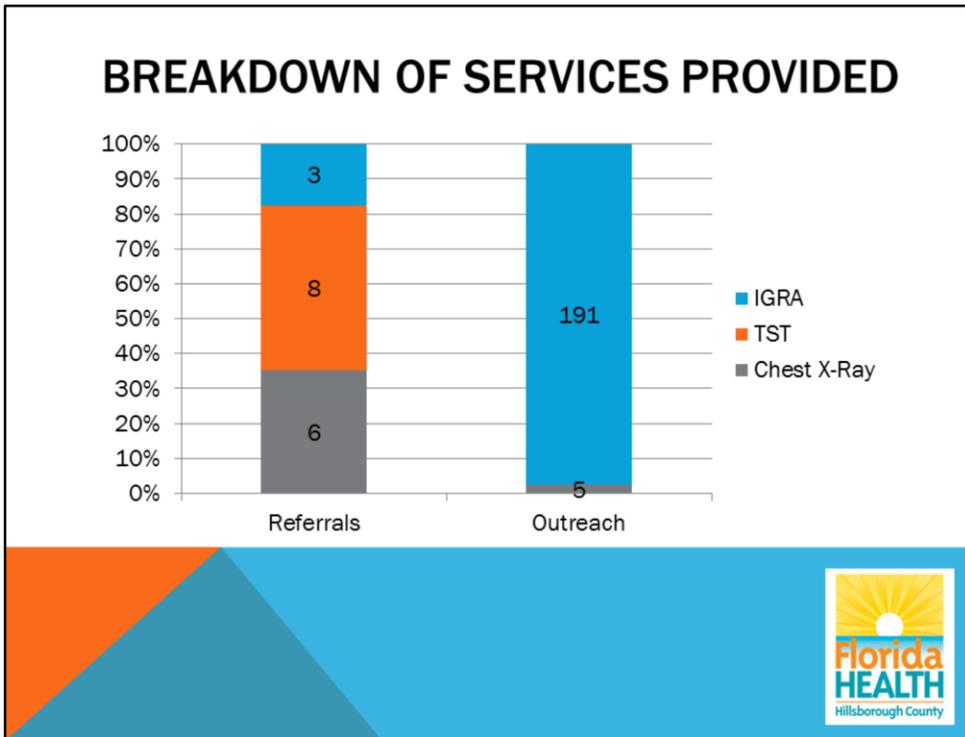
- Next is the cough/illness alert log. This is used to monitor patients who are already in the facility and are experiencing some kind of illness. This could cover things like coughing, vomiting, diarrhea, or anything that could spread disease. The red box has all of the information that a staff member would need to fill out in order to have adequate information to report to a public health or medical professional if need be.
- Finally, the shelter assessment plan is on the right. Toward the top, the bulleted list are various recommendations that the workgroup put together that we feel that any agency, regardless of their resources, should be able to implement to prevent the spread of TB. In the red box are the questions that help you assess the risk of TB transmission if your facility. The more you answer "yes," the higher the risk level your facility has of transmitting TB. When filling out this form, if you have any questions or concerns, you are more than welcome to contact the DOH – TB Center for consultation.

Health Promotion Toolkit for Homeless Shelters

Promoting Health in Homeless Shelters (PHHS) Workgroup



- The final part of the IPP is the Health Promotion Toolkit for Homeless Shelters. I'm not going to go through the entire toolkit as it's rather long, but it covers a large number of health topics that were identified as affecting the homeless population.
- Here is the table of contents. As stated, we have a variety of topics, all related to either communicable and chronic diseases, occupational safety and health standards, and access to care. We tried to provide resources for every topic, but we are not knowledgeable of all resources in Hillsborough County. The great thing about this toolkit is that it can be updated with more resources if they are brought to our attention. While this program's primary focus is on TB prevention in the homeless, we want to promote overall, optimal health for homeless individuals while they are homeless. We hope that the positive health messages your shelter would promote to your clients would stick with them for the rest of their lives.



- I wanted to take a second and give you a breakdown of the number of services we have provided so far in the last 18 months. As you can see, the referral numbers are much lower than our outreach numbers, mainly because we had a very large outreach event since the start of the program. However, we have been receiving referrals from participating agencies for TB skin tests, blood tests, and chest x-rays. We hope that while this referral program is in place with the DOH TB Center, that we can provide fee-waived TB services to any client from any of the eligible shelters in the THHI Housing Inventory Chart.

ELIGIBLE SHELTERS FOR PHHS

- ACTS
- Celebration for Hope, Inc.
- Homeless Helping Homeless
- House of Mercy
- Hillsborough House of Hope
- Mary & Martha House
- My Way Home
- New Beginnings of Tampa
- Potters House CDC
- River of Grace
- Recovery Services of Tampa Bay
- Sharpe's Haven
- Simply Success
- Tampa Crossroads
- Volunteers of America

Note: These agencies were pulled from the THHI Housing Inventory Chart.



- Here is a list of the agencies that are eligible to participate in the PHHS referral process for fee-waived TB services. These were pulled from the THHI Housing Inventory Chart, so if your agency is not listed, you would need to contact THHI to find out how to get your organization on that list.

CONTRIBUTORS

- Alpha House of Tampa
- Catholic Charities
- DACCO
- Gracepoint Wellness, Inc.
- Metropolitan Ministries
- Salvation Army
- The Spring of Tampa Bay
- Veterans' Affairs –
Domiciliary
- Magellan Complete Care
- Board of County Commissioners
- USF AHEC/College of Medicine



- I wanted to say a quick thank you to the agencies that have contributed to our workgroup in putting the IPP together. Without them, Jyl and I would not have such a comprehensive document to provide to you all. So thank you for your dedication to this program and workgroup.

NEXT STEPS

- Add IPP to DOH-Hillsborough and THHI websites
- Program evaluation
- Continue fee-waived TB services for referred homeless individuals and outreach events
- Identify additional tasks at January workgroup meeting
 - Next meeting: January 15, 2015 at Metropolitan Ministries – Miracle Place, 10-11:30 AM; Live conference call option available: 888-670-3525, Participant code 999-639-8270.



- I want to conclude this presentation with the next steps for the PHHS program and workgroup.
- First of all, we want to eventually upload the IPP to both the DOH and THHI websites. We want you all to have direct access to this information so you can create an IPP for your agency. We encourage you to talk with administration in your agencies about the importance of such a document for your facility.
- The PHHS evaluation process is underway. I hope to present that information to you all upon its completion later this year.
- We will continue the fee-waived services at the DOH TB Center for homeless individuals who were referred by qualifying agencies as well as outreach events, such as Operation Reveille.
- Finally, our workgroup is going to meet next Thursday from 10-11:30 AM to discuss future tasks we want to tackle. If you cannot attend the meeting in person at Metropolitan Ministries, we have a conference call number for you to call in and participate.

QUESTIONS?

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- Thank you so much for your time this morning. Does anyone have any questions for me?
- Here is my and my supervisor's contact information. Please do not hesitate to contact me by phone or e-mail. I have brought my business cards with me if you would like to get one at the end of the meeting. Thank you.