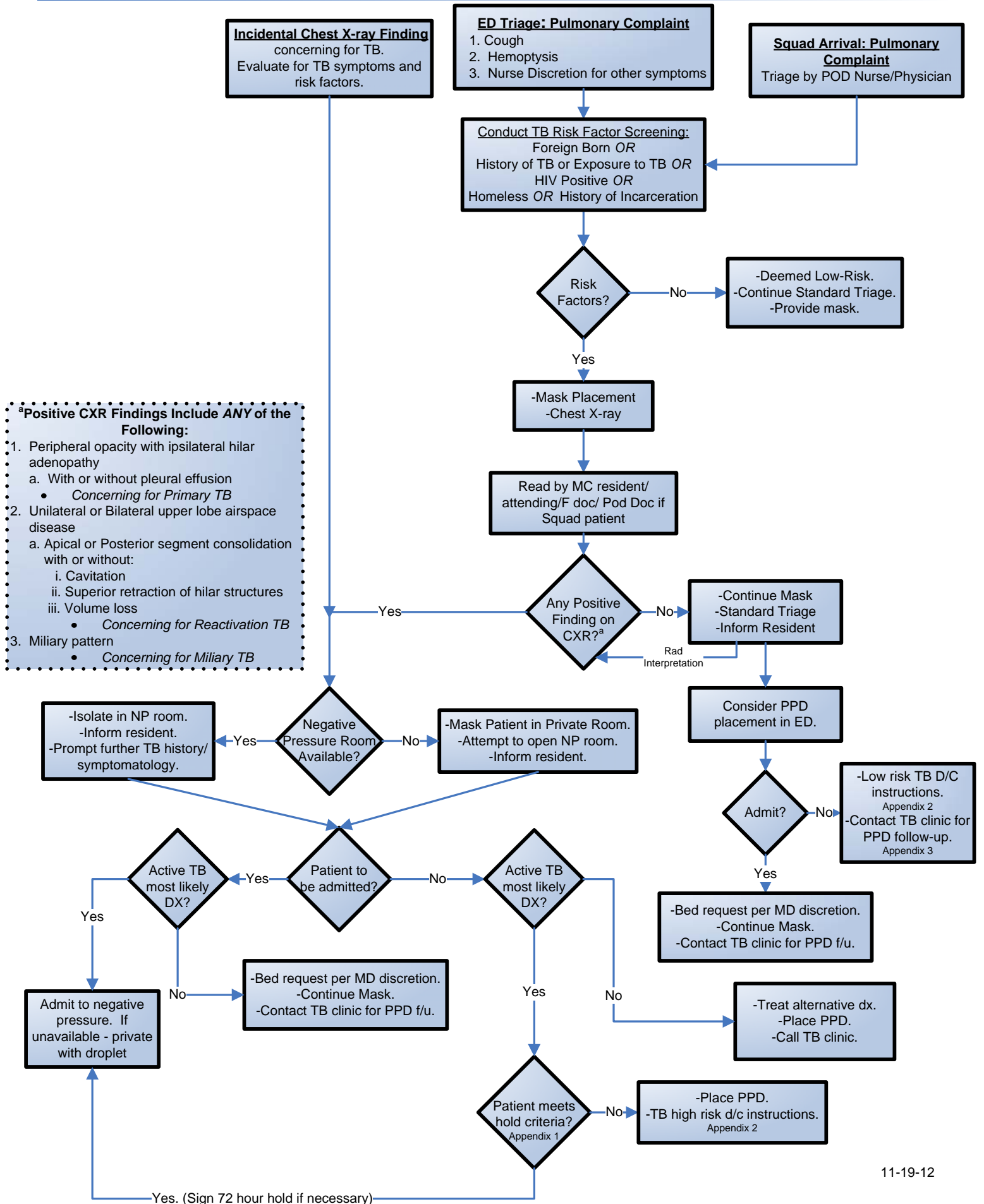


# EmergencyKT: Tuberculosis



## Appendix 1

# **TB Protocol *HOLD CRITERIA***

*Patient appropriate for 72-hour hold if they meet ANY of the criteria below:*

- ✓ Patient lacks decision making capacity
- ✓ Patient unable or unwilling to contract for home respiratory isolation
- ✓ Patient does not have appropriate social support (i.e. unable to have food brought to home, etc.)
- ✓ Patient does not have or is unlikely to follow up with TB Clinic or PCP
- ✓ Patient does not have an appropriate living arrangement for respiratory isolation
- ✓ Patient has history of Multi-Drug Resistant TB
- ✓ Patient has a significant language barrier limiting understanding of responsibilities

### **TB LOW-RISK DISCHARGE INFORMATION**

1. Your patient has concerning risk factors (*i.e. foreign born, immunosuppressed, homeless, h/o incarceration, h/o TB exposure*) **AND** clinical features (*i.e. cough, weight loss, hemoptysis*) **WITHOUT** positive findings or CXR\*, concerning for possible **LATENT TUBERCULOSIS**.
2. Clinician is recommended to perform the following actions before discharge to home:
  - a. Patient **SHOULD** be reported to Hamilton County TB Clinic Nurse: 513-946-7610 or 513-946-7600 for emergencies after normal business hours (see page 5)
  - b. Patient **SHOULD** have PPD placed in Emergency Department (*located in SRU Pyxis*)
  - c. Patient **SHOULD** receive Low-Risk Discharge Packet

### **TB HIGH-RISK DISCHARGE INFORMATION**

1. Your patient has concerning risk factors (*i.e. foreign born, immunosuppressed, homeless, h/o incarceration, h/o TB exposure*) **AND** concerning clinical features (*i.e. cough, weight loss, hemoptysis, any positive findings on CXR\**) for **ACTIVE TUBERCULOSIS**.
2. Your patient **DOES NOT** meet any HOLD CRITERIA for admission to hospital (Appendix 1)
3. Patient **MAY** be discharged home provided they perform the following actions
  - a. Patient **MUST** sign Contract for Respiratory Isolation in the Home (page 4)
  - b. Patient **MUST** be reported to Hamilton County TB Clinic Nurse: 513-946-7610 or 513-946-7600 for emergencies after normal business hours (see page 5)
  - c. Patient **MUST** be provided **3** Surgical Isolation Masks for themselves and **3** N-95 Isolation Masks for family members or visitors with appropriate instructions on Mask Placement (High-Risk Discharge Packet)
  - d. Patient **MUST** have PPD placed in Emergency Department (*located in SRU Pyxis*)
  - e. Patient **SHOULD** receive High-Risk Discharge Packet

\***ANY** infiltrate, effusion, cavitary lesion, hilar lymphadenopathy, or military pattern



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Hamilton County TB Control Unit
184 East McMillan Street, Cincinnati Ohio 45219
(513) 946-7610 Fax (513) 946-7601

Instructions for Respiratory Isolation in the Home

The purpose of these instructions is to clarify how to isolate a person with infectious tuberculosis (TB) disease. When a person has infectious tuberculosis of the lungs, germs are spread through the air when that person (the patient) breathes, coughs, talks or sneezes. To prevent others from becoming sick with tuberculosis, I agree to follow the measures described below:

I agree to remain in the designated isolation area/room. The door to this area shall remain closed at all times to minimize the spread of germs into other areas of my home. To further reduce the risk of infecting others, I will (if weather allows) keep an electric fan in the window to vent air from the isolation room to the outdoors.

I agree to wear a surgical mask whenever (this means anytime, all the time, and every time) I leave the isolation room/area or if another person enters my air space (i.e. someone walks into my bedroom). I understand that the mask will reduce the number of germs that enter the room. I agree to wear the mask as prescribed until I am notified, in writing by TB Control, that it is no longer necessary to do so.

I agree to minimize the number of visitors in my home until I am no longer contagious. I understand that visitors and family members should wear an N 95 mask if and when visits are necessary. The TB control program has provided special masks to filter out the germs in the air. I and my family members have been taught how to place the mask over the face so that it fits tightly and without gaps. We have been shown how to bend the metal piece to fit snugly over the nose and produce a seal around the mouth and nose. I understand these measures are necessary to minimize the number of germs that others might breathe in.

I understand that children, especially infants and young children can develop TB disease easily. I agree to avoid any and all contact with infants and children until I am instructed in writing, by TB Control, that is safe to do so.

I agree not to leave my home unless it is absolutely necessary (such as in an emergency). If I must leave my home for any reason, I agree to notify the nurses at the TB program in advance, so that they can assist me to take any necessary precautions to protect others from becoming infected with tuberculosis. I agree to wear a mask and utilize additional precautions, as instructed by the TB nurses, if I must leave my home for a doctor appointment at the TB clinic. I understand I will require assistance obtaining groceries and other items while I am in isolation. I agree to work with the TB nurses to follow the arrangements that are made to provide this assistance. I will not utilize public transportation until I am informed, in writing by TB Control, that it is safe to do so.

If I have any questions or need assistance I agree to call the TB Clinic nurse at: 946-7614

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Nurse or Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

My signature indicates that I have read and understand the information above and I agree to comply with the preceding instructions until I am notified in writing by the Medical Director of the TB Control Program that I am no longer able to infect others.

# Appendix 3



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## Hamilton County Tuberculosis Control Clinic

### General Information

The Hamilton County Tuberculosis Control Clinic exists to treat and prevent Tuberculosis. We are a full service Tuberculosis clinic serving those who live or work in Hamilton County.

**Address: 184 East McMillan Street, Cincinnati, Ohio 45219**

**Clinic Hours: 7:30 am to 4:30 pm Monday through Friday**

**Main Telephone Number: (513) 946-7610**

(Please use (513) 946-7600 for emergencies after normal business hours.)

### Services

Listed below are the services offered at the Tuberculosis Control Clinic. Please read the information carefully, not all services are free and some services require an appointment.

**All services and medication are free if you have a recent positive skin test or tuberculosis exposure, infection or disease.**

#### **Skin Tests**

Walk-in Monday, Tuesday, Wednesday and Friday 7:30 am - 3:45 pm

Fee: \$20.00 unless you are homeless, indigent or are a part of a contact investigation.

**Because we must read the TB skin tests 48 to 72 hours after it is administered, we cannot administer skin tests on Thursdays on a Friday before a Monday holiday.**

#### **Chest x-rays are provided by appointment only.**

Call (513) 946-7606 to make an appointment.

Fee: \$40.00

#### **Physician Services for Tuberculosis are provided by appointment only.**

Call (513) 946-7610

#### **TB education and training is available at no charge for groups.**

Please call (513) 946-7365 to discuss your group's training needs or interests.

**We provide interpreters for those with limited English proficiency or hearing impairment. Please specify your need for these services when you schedule your appointment.**

Hamilton County Public Health  
Tuberculosis Control