

This policy has been adopted by UNC Hospitals for its use in infection control. It is provided to you as information only.

Attachment 3: Protocol for Early Identification of Patients with Suspected Tuberculosis - Outpatient Care Services

Patient Check-In / Waiting Process

- Front line personnel (front desk, information and front door staff) should identify patients with symptoms (see below) that may indicate potential tuberculosis, and immediately notify the charge nurse.
- Front line personnel should note if there are comments associated with the appointment regarding the patient having symptoms/conditions that indicate that the patient may have tuberculosis. These patients should be brought to the attention of nursing personnel for further assessment.
- Front line personnel should offer surgical masks and tissues to all patients with coughs and encourage the patient to cover his/her mouth and nose with a tissue when coughing or sneezing. Nursing staff should be notified of patients who are coughing excessively.
- Patients who have respiratory symptoms and report any of the following high-risk situations should be brought immediately to the attention of the nursing staff for further evaluation.
- Patients with known or suspected active pulmonary tuberculosis should be given a surgical mask to wear and placed in an exam room immediately with the door closed.

Medical conditions that may indicate tuberculosis include a **cough for more than three weeks**, particularly if any of the following are present:

- Profound fatigue
- Unintentional weight loss
- Night sweats
- Fevers
- Hemoptysis (bloody sputum)
- Anorexia (loss of appetite)
- Unintentional weight loss

Risk factors for pulmonary tuberculosis include:

- Exposure to others with active tuberculosis
- History of a positive skin test (TST)
- History of therapy with anti-tuberculosis drugs
- HIV infection
- Immigrants from countries in Africa, Asia, South America, or other areas where TB is endemic
- Persons who are or have recently been incarcerated
- Homeless individuals
- Persons from congregate living situations – i.e., group homes

Nursing Assessment: Nursing personnel (if not available, a physician) are responsible for evaluating patients who display symptoms or signs of active tuberculosis or are at high risk for active tuberculosis.

- Nursing personnel should review the medical record of any patient at high risk for active pulmonary tuberculosis to determine if symptoms that could indicate active tuberculosis are present.
- Nursing personnel should immediately assess patients with symptoms suggestive of tuberculosis when notified by front line personnel. Patients should be removed from the waiting area and placed in an exam room with the door closed (preferably in a room meeting TB isolation requirements- Airborne Precautions room with negative pressure and direct out-exhausted air).
- If the room does not meet Airborne isolation requirements, then the patient should be provided with a surgical mask and shown how to wear the mask properly (i.e., it must cover nose and mouth). Ideally, staff will don an N-95 mask for which they have been fit tested; otherwise, a surgical mask should be worn. Arrangements should be made to transfer the patient *as soon as possible* to the Emergency Department, clinic with an AIIR, or the local health department for further evaluation of active tuberculosis. If the patient leaves the room for any reason (e.g., to obtain a chest radiograph) they must wear a surgical mask.
- Rooms used by suspect TB patients that are *not* airborne isolation rooms (i.e., negative pressure) and in which there was *not* a HEPA filter in place during the patient's visit, should be closed for a minimum of 3 ½ hours after the suspect patient leaves. Normal terminal cleaning can be performed in this room *after* the 3 ½ hour closed time.
- Nursing personnel should notify the physician as rapidly as feasible that the patient may have active tuberculosis.

Patients waiting for an inpatient bed should not wait in the admitting office but be placed in an appropriate Airborne Isolation room in clinic until a bed becomes available.