

EMERGENCY DEPARTMENT POLICIES

SUBJECT: INFECTION CONTROL - TUBERCULOSIS IDENTIFICATION/MANAGEMENT

NO. 60.1

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Original date of issue: 6/93

Reviewed:	5/94	3/97	4/99	12/99	3/01	4/06	
Revised:	12/94	5/95	3/03				

Patient Population

Neonate	√
Pediatric	√
Adolescent	√
Adult	√
Geriatric	√

POLICY:

The Emergency Department shall manage potentially infectious persons expeditiously and safely.

IMPLEMENTATION:

The following procedures shall be used to manage potentially infectious patients suspected of having TB. Please see Infection Control Manual Policy #5.34B.

1. Maintain a high suspicion for patients having TB.

A. MASK ANY patient who presents with:

- 1) persistent cough >2 weeks
- 2) bloody sputum of any duration
- 3) cough >1 week with fever and no other URI symptomology if

they:

give history of +PPD
give history of tuberculosis
give history of TB exposure
are current or former correctional facility inmates
are homeless or living in a shelter
are immigrants from other geographic area

B. In addition for: HIV/AIDS/OR PERSONS WITH RISK FACTOR FOR HIV (e.g., intravenous drug user, homosexual, clotting factor recipients, sexual partners of HIV infected or high-risk for HIV person). Also mask for:

- 1) productive cough >5 days
- 2) any pulmonary symptomology (i.e., pleuritic chest pain, dyspnea) with fever or cough of any duration.

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Placement of the mask on the patient must be documented in the patient's medical record.

2. PATIENT ISOLATION: High risk individuals shall be escorted to code compliant isolation rooms, if not available, to isolation tents; if not available, to single rooms; if not available to curtained cubicles masked and if not available, to treatment areas masked. Efforts should be made to expedite the work up, including portable chest x-rays. Signs indicating Airborne Precautions must be posted.
3. SPUTUM INDUCTION: Sputum should not generally be induced in the ED except under exceptional circumstances, as determined by the ED attending. If done, it should be done in a negative pressure isolation room.
4. STAFF PROTECTION: Any staff assisting in sputum induction, performing intubation or suctioning must wear a N-95 Particulate Respirator with appropriate eye protection (goggles, plastic glasses, or a fluid shield mask with face shield). Staff performing all other patient care functions not expecting aerosolization/splattering should wear the N-95 Particulate Respirator for which they have been fit tested.
5. Patients requiring admission should have R/O TB as their primary diagnosis to allow special attention by Bed Management to find appropriate isolation rooms.
6. Patients who do not require hospitalization can be considered as candidates for directly observed treatment (DOT). DOT should be arranged by the Dept. of Health- TB Control Program (phone – 212-234-1848).
7. Staff assigned to the Emergency Department patient areas shall undergo PPD skin testing every six months according to EHS Infection Control Guidelines for tuberculosis.
8. General questions regarding specific patients or TB treatment may be referred to: Infection Control, ext. 89450; or the Infectious Disease Fellow on-call by calling ext.41800 for beeper number.