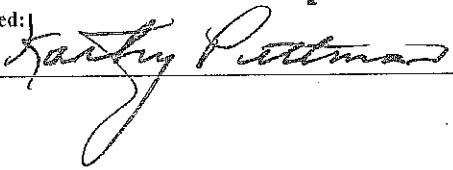


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF YOUTH SERVICES
JUVENILE INSTITUTIONS**

Subject: TB Screening, Testing and Management		Policy Number: 36
Number of Pages: 3		Section: XI
Attachments	Related Standards & References	
TB Skin Testing Record Form XI.36.A	ACA Juvenile Health Care Performance Based Standards: 4-JCF-4C-22, 4-JCF-4C-23	
Effective Date: 06/09/06 Revision Date: 05/01/07, 05/07/08, 05/13/09, 05/01/11	Approved: 	

I. POLICY

It is the policy of the Mississippi Department of Human Services, Division of Youth Services, that standard procedural guidelines shall be established to ensure Tuberculosis (TB) testing, education, surveillance, monitoring, treatment, isolation when indicated, and follow-up care for all youth including arrangement with applicable Department of Health for continuity of care if a youth shall be released prior to completing treatment. (4-JCF-4C-22, 4-JCF-4C-23)

II. DEFINITIONS

As used in this policy and procedure, the following definitions apply:

Tuberculosis (TB) – An infectious disease caused by the Mycobacterium Tuberculosis bacteria.

Tuberculosis Infection – the bacteria that is breathed in becomes inactive, but remains live in the body and may become active later. This is called TB infection. Most people who have breathed in the bacteria are able to fight the bacteria to stop them from growing.

Tuberculosis Disease – TB bacteria becomes active if the immune system can't stop the bacteria from growing. The active bacterium begins to multiply in the body and cause TB disease. Some people develop TB disease soon after becoming infected, before their immune system can fight the TB bacteria. Other people may become sick later, if their immune system becomes weakened.

Tuberculin Skin Test – an intra-dermal screening test, which within 48 to 72 hours becomes indurated if the individual has either an active Tuberculosis infection or Tuberculosis infection without active disease.

Induration – is a local area that is slightly raised and firm that results from a cell mediated response to the injected antigen.

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III. PROCEDURE

- A. All youth admitted to a DYS facility shall receive a Mantoux type TB skin test during the initial assessment screening. Youth who have previously tested positive shall receive a chest X-Ray. (4-JCF-4C-23)
1. Nursing upon the youth's arrival at the reception facility shall perform TB skin testing. A physician order shall be required.
 - a. Results shall be read and documented by a nurse between forty-eight (48) and seventy-two (72) hours after test administration. Results shall be documented in millimeters within the youth's health record, TB Testing Record XI.36.A and noted in the Interdisciplinary Progress Note XI.8.A.
 - b. Youth who have previously tested positive shall not receive a TB skin test. They shall instead, on intake, have a chest X-Ray performed.
 2. Youth with a positive TB skin test shall be referred to the facility Physician for evaluation.
 - a. Per current CDC recommendations a positive skin reaction shall be rated on the following criteria.
 - i. 5 (five) mm shall be considered positive if the youth has had exposure to a known active TB case, or if the youth is immune compromised.
 - ii. 10 (ten) mm for people from higher risk populations, like the youth in the juvenile justice system.
 - b. Youth with a positive reaction shall receive a chest X-Ray and preventative medication regimen as prescribed by the facility physician and within the Mississippi Department of Health guidelines.
 3. Active TB shall be confirmed by a chest X-Ray and acid-fast sputum test. The facility contract physician in conjunction with the Mississippi Department of Health shall determine the need for hospitalization or the immediate transfer to the appropriate medical facility for placement in respiratory isolation.
 4. The Health Services Supervisor or designee shall notify the parents or guardian and the appropriate Health Department when a youth's PPD skin test is positive or the youth is diagnosed with pulmonary tuberculosis.
 - a. Notifications may be provided orally, but shall also be documented in writing on the Interdisciplinary Progress Note XI.8.A.
 - b. Refer to Mississippi Department of Health Disease Control Manual for reporting.

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- B. The Health Services Supervisor or designee shall report all cases of positive TB skin testing and active Pulmonary Tuberculosis to their local Health Department, as is the requirement of the Mississippi Department of Health TB control office reporting procedure. Refer to the Mississippi Department of Health Disease's Control Website for reporting requirements. (4-JCF-4C-23)
1. The Mississippi Department of Health, Bureau of Tuberculosis Control will be in complete control should an investigation or mass testing is necessary. Complete cooperation will be given and recommendations will be strictly adhered to. Access to youth, records and personnel will be complete and unimpeded, to the Mississippi Department of Health.
 2. Additionally, all facility personnel, including the living unit where the youth is housed, shall be informed when active tuberculosis is diagnosed.
 3. Information shall be provided regarding the route of transmission, precautions to be observed, and the treatment of the disease.
 4. The youth's name shall not be shared except on a "need to know basis." Confidentiality shall be strictly adhered to.
- C. When a youth is released, the nurse shall report the name of each youth who tested positive and/or received treatment at an MDYS facility to the health department in which the youth shall reside. Refer to the Mississippi Department of Health's Disease Control Manual for reporting requirements. (4-JCF-4C-23)
1. Notifications may be provided orally, but shall also be documented in writing.
 2. Youth requiring continued treatment or follow up care on discharge from the facility shall be instructed to report to their local health department. The youth's parent, guardian or legal custodian shall also be notified in writing. The nurse shall document the instructions given and the notification in the youth's health record, Interdisciplinary Progress Notes form XI.8.A.
 3. A copy of the youth's medical release summary shall be sent to the Community Counselor to ensure that follow-up care and/or treatment is provided. Refer to MDYS Policy XI.8, Health Record: Structure, Documentation and Confidentiality, and MDYS Policy XI.9, Medical Release Summarizes.
- D. The Medical Services Coordinator shall review this policy annually and update as necessary.