

EAST CAROLINA UNIVERSITY

INFECTION CONTROL POLICY

Identification of Patients with Potential Tuberculosis and Any Communicable Respiratory Illness

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Approved By:

Chairman, Infection Control Committee

Infection Control Nurse

Purpose: The purpose of this policy is to prevent exposure of healthcare workers, students, and patients to tuberculosis and any communicable respiratory illnesses, including TB, SARS, pandemic influenza or other undefined infectious respiratory condition.

I. Scheduling

- A. A diagnosis of respiratory TB disease should be considered for any patient with symptoms or signs of infection in the lung, pleura, or airways (including larynx), including coughing for >3 weeks, loss of appetite, unexplained weight loss, night sweats, bloody sputum or hemoptysis, hoarseness, fever, fatigue, or chest pain.
- B. If a patient is referred to BSOM outpatient clinic with “infectious tuberculosis” or “rule out tuberculosis”, Patient Access Services will flag the appointment in IDX to “Use airborne respiratory isolation precautions”. This will alert the clinic personnel to mask the patient, minimizing time in the waiting area and notify a nurse ASAP upon arrival.
- C. Patient Access Services will screen referrals for symptoms suggestive of pulmonary tuberculosis (Appendix A). If patient symptoms include cough >2-3 weeks **plus** any one of the following:
 - Fever
 - Night sweats
 - Weight loss
 - Hemoptysis (coughing blood/bloody sputum)
 - Known HIV infection
 - Positive skin test
 - Foreign birth or immigration from Central or South America/ Caribbean, Africa or Asia

Patient Access Services will flag the IDX appointment at the time of scheduling to “Use airborne respiratory isolation precautions”. This will alert the clinic personnel to mask the patient, minimizing time in the waiting area and notify a nurse ASAP upon arrival.

II. Diagnosed Patients: Arrival

- A. Patients who have a known or suspected diagnosis of communicably respiratory illness will be sent to the ECU Clinics with a mask from the facility of referral. This is mandatory if the condition is known or suspected tuberculosis, SARS or other unusual disease.
- B. The clinic staff will be notified of the patient’s need to wear a mask.
- C. These patients will enter immediately into the clinic area and be placed in a negative pressure room if available, or in the room farthest from the exam rooms if negative pressure room is unavailable.

- D. These patients will be examined as soon as possible by a physician and/or designee.
- E. After the patient has been examined; he/she will be masked if sent for any other testing.
- F. Other departments in which the patient needs to go for procedures will be notified that the patient needs to wear a mask or that the staff needs to wear a mask if the patient can not tolerate a mask during a procedure.
- G. As soon as examinations and procedures are done, the patient will be discharged.
- H. A patient should not wait in the waiting room unless absolutely necessary. If a patient has to wait in the waiting room for transportation, he/she will be instructed that they will continue to wear a mask until they leave the facility.

III. Undiagnosed Patients: Arrival

- A. If a receptionist at any of the check-in desks notes a patient coughing he/she will instruct the patient to put on a surgical mask. The receptionist will then notify the clinical staff.
- B. The receptionist will immediately notify clinical staff of patient refusal to wear a mask, and staff should wear masks for protection.
- C. If a receptionist at any of the check in desks notes a patient with a rash, he/she will notify the clinical staff.
- D. The clinical staff will triage the patient to assess the possibility of tuberculosis or other communicable respiratory illness.
- E. If the clinical staff determines that the patient's symptoms are suspicious for tuberculosis or other significant communicable respiratory illness, the patient will be placed in a negative pressure exam room, or room farthest from other exam rooms if a negative pressure room is not available immediately for physician and/or designee exam.
- F. These patients will be examined as soon as possible by a physician and/or designee.
- G. After the patient has been examined; he/she will be masked if sent for any other testing.
- H. Other departments to which the patient needs to go for procedures will be notified

that the patient needs to wear a mask or that the staff needs to wear a mask if the patient can not tolerate a mask during a procedure.

- I. As soon as examinations and procedures are done, the patient will be discharged.
 - J. The patient will wear a mask until he/she leaves the facility unless tuberculosis or other communicable respiratory illness can be ruled out.
 - K. The patient should not wait in the waiting room unless absolutely necessary. If tuberculosis or other communicable disease is not ruled out and a patient has to wait in the waiting room for transportation, he/she will be instructed that they will continue to wear a mask until they leave the facility.
- IV. Use of airborne precautions is mandatory for patients with unusual infections such as Tuberculosis, SARS, pandemic/avian influenza, and pre-pandemic. Use of airborne precautions is recommended and encouraged for personal influenza or other respiratory illness.

Appendix A

Tuberculosis Screen for Scheduling Appointments/Referrals

Reason for visit is:

- “Possible Tuberculosis” or “Rule Out Tuberculosis”
- Symptom of cough for 2-3 weeks or more, PLUS any one of the following:
 - _____ fever
 - _____ night sweats
 - _____ weight loss
 - _____ hemoptysis or coughing blood
 - _____ known HIV infection
 - _____ positive TB skin test
 - _____ foreign birth or immigration from Central or South American/Caribbean, Africa, Asia

If either box is checked, flag appointment as “Use Airborne Infection Control Precautions: ask patient to don surgical mask, minimize time in waiting area, notify RN ASAP on arrival”