



WYOMING DEPARTMENT OF CORRECTIONS

Policy and Procedure #4.304

**Testing, Treatment and Prevention of Tuberculosis in
Correctional Facilities: Inmates**

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Authority: Wyoming Statute(s): 25-1-105(a); 35-1-240(a)(xiv); 35-1-105 ACA Standard(s): 2-CO-4E-01; 4-4355	Effective Date: March 1, 2005 Revision/Review History:								
Cross Reference of Policy:	Summary of Revision/Review: Update with minor revisions to existing policy Supersedes Existing Policy :								
Approved: <table border="0" style="width: 100%;"> <tr> <td style="width: 60%; text-align: center;">/s/ R. O. Lampert</td> <td style="width: 40%; text-align: center;">2/25/05</td> </tr> <tr> <td style="text-align: center;">Robert O. Lampert, WDOC Director</td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="width: 60%; text-align: center;">/s/ Brent Sherard, MD, MPH</td> <td style="width: 40%; text-align: center;">2/18/05</td> </tr> <tr> <td style="text-align: center;">Brent Sherard, MD, State Health Officer</td> <td style="text-align: center;">Date</td> </tr> </table>		/s/ R. O. Lampert	2/25/05	Robert O. Lampert, WDOC Director	Date	/s/ Brent Sherard, MD, MPH	2/18/05	Brent Sherard, MD, State Health Officer	Date
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/s/ Brent Sherard, MD, MPH	2/18/05								
Brent Sherard, MD, State Health Officer	Date								

REFERENCE

1. ATTACHMENTS
 - A. None
2. OTHER – None Noted



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I. PURPOSE

- A. Reduce Risk of Tuberculosis to Inmates.** The purpose of this policy is to provide the Wyoming Department of Corrections (WDOC) with guidelines that address ongoing testing, treatment, and prevention to reduce the risk of tuberculosis to inmates in WDOC correctional facilities.

II. POLICY

- A. General Policy.** It is the policy of the WDOC to provide written guidelines for testing, treatment and prevention to eliminate the spread of tuberculosis to inmates within a correctional facility setting, pursuant to its general rule-making authority at W.S. § 25-1-105.
- B. Collaboration of Wyoming Department of Health.** This policy is developed, in conjunction with the State of Wyoming Department of Health, pursuant to W.S. § 35-1-240 (xiv). As such, and by virtue of the signature of the State Health Officer executed hereon, any refusal of inmates of the WDOC to comply with the requirements of this policy may be punished as a misdemeanor pursuant to W.S. § 35-1-105. In addition, because of the extreme health concerns posed by tuberculosis, non-cooperation by inmates with testing, treatment, and prevention ordered pursuant to this policy may result in disciplinary, reclassification, or other actions.

III. DEFINITIONS

- A. Chief Executive Officer (CEO):** A CEO is identified, but not limited to, the following positions: Director, Deputy Director, division administrators, deputy administrators, wardens/superintendents, district supervisors, adult community corrections coordinator, adult community corrections directors.
- B. Correctional Facility Health Services Administrator/Site Manager:** The medical contractor's staff member responsible for oversight of the correctional facilities' health services program.
- C. Mantoux test:** The intradermal Mantoux test is the acceptable screening test for identifying persons infected with Mycobacterium tuberculosis.
- D. Mycobacterium tuberculosis:** The etiological agent of tuberculosis that is



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carried through the air in infectious droplet nuclei, when persons with infectious tuberculosis of the lungs or larynx sneeze, cough, speak or sing.

- E. Purified Protein Derivative (PPD):** Substance used for intradermal skin testing.
- F. Tubercle bacillus:** The bacillus that causes tuberculosis.
- G. Two-step method:** Used for baseline testing of persons who will periodically receive TB skin tests. If the first test was negative, do a second test. The second test is usually performed one (1) to three (3) weeks following the first test.
- H. Wyoming Department of Corrections Compliance Reporting Form (CRF or WDOC CRF):** Mandatory forms required to be submitted by WDOC to show compliance with policies regarding operation of Wyoming correctional facilities.
- I. Wyoming Department of Corrections' Health Services Administrator:** Wyoming Department of Corrections' staff member who coordinates, monitors and insures implementation of services to be performed by contracted medical providers, as deemed necessary by the WDOC.

IV. PROCEDURE

- A. Persons that shall be tested.**
 - 1.** A Mantoux skin test shall be performed on all inmates at the time of intake. If the first test is negative, the two-step method should be used.
 - 2.** A Mantoux skin test shall be performed on all inmates on a yearly basis. Any inmate who has had a positive reaction to the skin test or who has documented history of previous, adequate treatment for TB infection or disease shall be excluded. The inmate shall sign a release of information in order for the correctional facility provider to verify treatment.
 - 3.** A Mantoux skin test may be performed whenever exposure to an infectious tuberculosis case is suspected by the medical department.



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B. Tuberculin Skin Test. Tuberculin skin testing is the standard method of identifying persons infected with *Mycobacterium tuberculosis*. The intradermal Mantoux test - not a multiple puncture test - shall be used to determine if tuberculous infection has occurred.

1. The Mantoux test is performed by the intradermal injection of 0.1 ml of PPD tuberculin containing 5 TU (tuberculin units) into either the volar or dorsal surface of the forearm. The injection should be made with a disposable tuberculin syringe. The injection should be made just beneath the surface of the skin, with the needle bevel facing upward to produce a discrete, pale elevation of the skin (a weal) six (6) mm to ten (10) mm in diameter.

i. The Mantoux PPD may be supplied by the Wyoming Department of Health, depending upon availability.

2. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. It is preferable to use retractable/safety disposable syringes. After they are used, disposable needles and syringes should be placed in puncture-resistant containers for disposal. Gloves are not necessary for this procedure.

3. The Mantoux test should be routinely read forty-eight (48) to seventy-two (72) hours post placement. However, if the patient fails to show up for the scheduled reading, positive reactions may still be measurable up to one (1) week after testing. The reading should be based on measurement of induration (palpable swelling), not erythema (redness of skin). The diameter of induration should be measured across the width of the forearm and recorded in millimeters. If the reading is positive seven (7) days following administration, repeating the test is not necessary. Dates of testing and results must be documented in the inmate's medical record.

C. Inmate Screening. Upon entrance to the correctional facility each inmate shall be screened by the medical department for signs and symptoms of TB. Inmates with symptoms of pulmonary TB (e.g., productive, prolonged cough; chest pain, coughing up blood) may be infectious. Suspicion should be high where pulmonary symptoms are accompanied by general systemic symptoms of TB (e.g., fever, chills, night sweats, easy fatigability, chest pain, loss of appetite, weight loss). Inmates should be interviewed to determine whether they have experienced any of the above symptoms within the past few weeks.



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Symptomatic inmates should receive a thorough medical evaluation immediately, including a tuberculin skin test, chest x-ray and, if indicated, sputum examinations. Sputum smear results collected on symptomatic patients should be available within twenty-four (24) to forty-eight (48) hours (recognizing the additional time and logistics inherent in providing service from the State Health Laboratory); however, chest x-rays on symptomatic patients should be available within twenty-four (24) hours. Skin test results should be read forty-eight (48) to seventy-two (72) hours after administration.

1. Each asymptomatic inmate who does not have a previously documented positive (≥ 10 mm induration) Mantoux skin test reaction (5 TU PPD) shall be tested. If the reaction is not significant, the test should be repeated in one (1) to three (3) weeks.
2. Each inmate with a documented history of previous, adequate treatment for TB infection or disease should not have the PPD repeated. However, any inmate with a documented history of inadequate treatment for TB disease or infection should have a thorough medical evaluation and be strongly considered for preventive therapy (if TB disease is ruled out).
3. If the Mantoux skin test is positive, and the inmate has not completed treatment in the past, a chest x-ray will be performed within seventy-two (72) hours to precede the needed therapy for asymptomatic inmates. Although sputum smear results may take from twenty-four (24) to forty-eight (48) hours, chest x-rays on symptomatic patients should be available within twenty-four (24) hours.
 - i. If the chest x-ray is negative for infectious tuberculosis and medical evaluation has been completed to rule out serious contraindications for use of prophylactic medications, the Wyoming Department of Health's Tuberculosis Coordinator will be notified of the positive Mantoux test results and the need for possible treatment.
 - a. A meeting will be set up with the inmate and infirmary staff for the purpose of education. Items included in the education are the disease process, necessity of treatment, and importance of recognizing and reporting adverse signs and symptoms of the treatment drug.
 - b. The inmate will be instructed to meet with the nurse each



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month in order to make sure they are taking their medication and to report any adverse signs and symptoms.

- c. A record of each meeting will be kept.
- d. No sputum culture is needed when the inmate is asymptomatic for tuberculosis and the chest x-ray is negative for active tuberculosis. If the inmate is symptomatic, results for acid-fast bacteria (AFB) smear results should be available from the State Public Health TB Laboratory within forty-eight (48) to seventy-two (72) hours of specimen receipt by the laboratory.
- ii. Orders for medications (i.e. Isoniazid) will be made and the appropriate prescription will be provided through the infirmary as prescribed by the contract physician.
- iii. A Tuberculosis Communication Exchange Form provided by the Wyoming Department of Health's TB Program will be completed and returned. The Wyoming Tuberculosis Program will then send a (3) three month supply of the prescribed drug.
- iv. After the three (3) month supply is taken, the contract physician will then order, by prescription, another three (3) month supply from the TB Program in order to complete the recommended six (6) to nine (9) month treatment regimen.
- v. Nine (9) months of preventive therapy with medication such as isoniazid is recommended for persons infected with tuberculosis who have abnormal chest radiographs (consistent with past tuberculosis) and for persons with HIV infection. Four (4) months of treatment (Rifamoin with or without isoniazid) is also an acceptable regimen for those inmates with an abnormal chest x-ray suggesting old, healed TB. Whenever TB medications are given intermittently (rather than daily), the medications shall be given by Directly Observed Therapy (DOT).
- 4. If the inmate's chest x-ray is positive for active tuberculosis or a positive acid-fast smear is obtained, he/she will be immediately isolated. While three (3) sputum smears should be obtained before beginning treatment,



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the initiation of therapy should not wait for culture results. These smears will be obtained and sent to the Wyoming Public Health Laboratory, located in Cheyenne, Wyoming, for smear and culture examination. Treatment will be initiated through the Wyoming Department of Health and the correctional facility's contract physician. Infection control procedures will be in effect until the patient is no longer able to transmit the disease to others. All positive cultures should have susceptibility tests ordered and the results placed in the patient's medical record.

- i.** Infection control procedures include physically isolating the patient within a designated negative pressure isolation cell or designated cell equipped with a High Efficiency Particulate Air (HEPA) machine or a cell which has been so modified as to minimize the possibility of the air borne pathogen being spread within the physical plant. Breaches of this environmental isolation shall be limited and when authorized shall be completed within medically approved criteria.
- ii.** If non-pulmonary mycobacterial disease is suspected, a variety of clinical specimens other than sputum may be submitted for examination e.g. urine, cerebrospinal fluid, pleural fluid, etc.
- iii.** After the sputum specimens have been obtained, the patient will be started on a medication regimen, as suggested by the Center for Disease Control and prescribed by the contract physician.
- iv.** Since the infectiousness of patients rapidly diminishes once effective therapy has been started, (generally the first several weeks), the patient may resume normal activities within a few weeks, if three (3) consecutive negative sputum specimens have been documented.
 - a.** Repeated sputum smears and cultures will be done during the therapy to monitor the patient's response to the therapy.
- v.** A contact investigation overseen by the State's TB Coordinator or Regional Disease Intervention Specialist will be conducted to determine the source of the disease and to initiate appropriate treatment.



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- a. Contact the Wyoming Department of Health TB Coordinator at (307) 777-5658.

5. Periodic repeat skin testing.

- i. Guidelines for repeat TB testing in correctional facilities are evolving rapidly. The following is mandated for inmates in Wyoming:

- a. Yearly tuberculin skin testing in all correctional facilities for inmates without a previous positive PPD or history of previous adequate treatment.
- b. Those with a history of positive PPD, without a history of preventive therapy, should receive an annual medical evaluation to determine whether they warrant a follow up chest x-ray.

- ii. Post-exposure examination.

- a. If the inmate's most recent skin test was not significant, but the inmate subsequently becomes exposed to a known potential transmitter, an immediate retest should be administered and if not significant (result < 5 mm) then a repeat test should be administered in ten (10) to twelve (12) weeks.

D. Preventative Therapy

1. Each patient who receives treatment (i.e. medications) will be monitored via blood draws as follows:
 - i. Baseline Complete Blood Tests (CBC) and Liver Function Test (LFT) (before medications begins);
 - ii. LFT, one (1) month after initiation of medications;
 - iii. LFT, three (3) months after the first month's lab draw;



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E. Policy Review

1. The WDOC Health Services Administrator shall review this policy annually and ensure the policy is amended to reflect the most current practices as indicated by the Wyoming Department of Health and any other pertinent authorities.
2. The annual review will be documented and reported by the WDOC Health Services Administrator utilizing the WDOC Compliance Report Form III.H.3.(iv).

F. Policy Training

1. The correctional facility health services administrator/site manager shall ensure all inmate workers receive initial and annual refresher training in the contents and application of this policy.
2. The correctional facility health services administrator/site manager shall report such training utilizing WDOC CRF III.H.3.(iii) on a quarterly basis to the correctional facility CEO.

V. TRAINING POINTS

- A. How often is the PPD test given?
- B. Should persons previously treated for TB receive PPD testing?
- C. Give three (3) signs and symptoms of possible TB infection.
- D. Are isolation precautions required?
- E. How soon after PPD testing should the results be “read”?