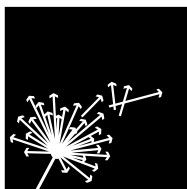


TUBERCULOSIS INFECTION CONTROL PLAN TEMPLATE FOR JAILS



FRANCIS J. CURRY
NATIONAL
TUBERCULOSIS
CENTER



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PART ONE: INTRODUCTION & INSTRUCTIONS

→ PREFACE

About the Francis J. Curry National Tuberculosis Center

One of three national model tuberculosis (TB) centers funded by the Centers for Disease Control and Prevention (CDC), the Francis J. Curry National Tuberculosis Center (CNTC) creates, enhances, and disseminates state-of-the-art resources and models of excellence to control and eliminate TB nationally and internationally. Committed to the belief that everyone deserves the highest quality of care in a manner consistent with his or her culture, values, and language, we develop and deliver highly versatile, culturally appropriate trainings and educational products, provide technical assistance, and facilitate regional, state, and national initiatives.

Purpose of the *Jail Template*

The *Tuberculosis Infection Control Plan Template for Jails* (also referred to as the *Jail Template*) was created to assist jails across the United States in developing and implementing comprehensive tuberculosis infection control plans (TB ICPs) appropriate for their differing needs and resources. The *Jail Template* offers a model plan with instructions on how to customize and implement it.

The template has four primary objectives:

- To facilitate the development of comprehensive and facility-specific TB ICPs in jails
- To facilitate implementation of the facility-specific plans by providing model procedures and tools
- To promote communication and collaboration among jail and public health department staff responsible for developing and implementing the TB ICP
- To educate persons responsible for developing the jail's TB ICP about essential components of a plan

Who Should Use the *Jail Template*

The *Jail Template* is designed for use by the group of individuals responsible for developing and implementing your jail's plan for TB infection control. This group, which will differ depending upon the size of your jail and its type of healthcare delivery system, may include the following:

- Jail administrators
- Jail regulatory compliance officers
- Jail risk management staff
- Jail physicians
- Jail nurses
- Infection control and employee health practitioners in jails
- Environmental health and engineering staff
- Correctional officers
- Local health officers and TB control program staff
- Public health nurses

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Citation as to source, however, is appreciated.

Suggested citation:

Francis J. Curry National Tuberculosis Center and California Department of Health Services, 2002: Tuberculosis Infection Control Plan Template for Jails [inclusive page numbers].

A Word about Regulations and Guidelines

Efforts have been made to ensure that this template includes applicable recommendations from the CDC and the National Commission on Correctional Health Care and that it meets existing Occupational Safety and Health Administration (OSHA) standards. However, it may not address every issue of interest to any regulatory agency. Since regulations and guidelines may change periodically and vary by county and state, your jail should review local, state, and federal regulations and guidelines prior to finalizing and revising its TB ICP.

→ INTRODUCTION**Why Is a TB ICP Needed?**

To understand why your jail should want to use the *Jail Template*, it is helpful to review the reasons why TB infection control is an important consideration for every jail:

- Compared to non-inmate populations, inmates have a higher rate of TB disease and latent TB infection (LTBI) and have higher risk of acquiring TB disease and LTBI
- TB is a serious public health threat, and the CDC has issued TB control guidelines for correctional facilities; untreated TB can become a life-threatening disease; inmates with active TB can infect other inmates as well as correctional staff and people in the community at large
- TB infection control measures may be required under local, state, and federal laws and regulations
- TB can be successfully prevented and controlled in the jail setting.
- Public health is a public safety matter

Each jail should consider assessing its risk for TB transmission, reviewing its current TB control measures, and, if indicated, implementing additional or different measures to control TB.

Controlling Exposure to TB

TB is a communicable disease caused by *Mycobacterium tuberculosis* (*M. tb*). TB is most likely to spread when persons with infectious TB of the lungs or larynx are not diagnosed, do not complete appropriate therapy, or when proper infection control measures are not used.

M. tb is spread from person to person by airborne particles called droplet nuclei that are 1 to 5 microns in diameter and invisible to the naked eye. When a person with TB disease of the lungs or larynx coughs, sneezes, speaks, sings, or breathes, *M. tb* droplet nuclei are released into the air. The droplet nuclei remain airborne indefinitely or until removed by natural or mechanical ventilation. TB transmission may occur when another person inhales air containing the *M. tb* droplet nuclei.

Controlling exposure to persons with infectious TB disease and *M. tb* droplet nuclei requires a three-level hierarchy of controls: administrative, environmental, and personal respiratory protection.

Administrative Controls

Administrative controls, the first level of the hierarchy, are intended to reduce the risk of exposure to persons with infectious TB disease. Administrative controls include the following:

- Implementing work practice controls (for example, keeping isolation room doors closed)
- Training, educating, and counseling staff about TB
- Screening staff for LTBI and TB disease
- Developing and implementing TB control policies and procedures to ensure prompt identification, isolation, evaluation, and treatment of persons likely to have TB

Environmental Controls

Environmental controls, the second level of the TB control hierarchy, can reduce the risk of TB transmission by preventing the spread of *M. tb* droplet nuclei, decreasing their concentration in enclosed areas, and removing or cleaning contaminated air. In addition, when placed on an inmate with suspected or confirmed infectious TB, surgical masks reduce the amount of *M. tb* droplet nuclei released into the air by capturing large droplets that are expelled when the infectious person coughs or sneezes. Examples of environmental controls include the following:

- Controlling the spread of *M. tb* droplet nuclei from infected persons by using airborne infection isolation rooms or sputum induction booths with local exhaust ventilation that discharges contaminated air outdoors
- Directing airflow
- Diluting and removing air containing *M. tb* droplet nuclei
- Cleaning contaminated air with high-efficiency particulate air (HEPA) filtration or ultraviolet germicidal irradiation (UVGI)
- Masking infectious inmates

Personal Respiratory Protection Controls

The third level of the TB control hierarchy is the use of personal respiratory protection, such as respirators. Respiratory protection devices prevent uninfected persons from inhaling *M. tb* droplet nuclei.

Model TB ICP Template

Effective TB exposure control requires a TB ICP, which is a formal document that establishes goals, compliance requirements, roles, responsibilities, policies, and procedures to administer and manage a TB infection control program in a jail.

The Francis J. Curry National Tuberculosis Center and the California Department of Health Services Tuberculosis Control Branch developed the *Jail Template* to serve as a model TB ICP, providing a comprehensive range of policies and procedures that reflect current guidelines for TB control.

This template includes directions and blanks for inserting your jail's information. Staff developing the plan—jail custody, jail health services, and/or public health staff—can edit, move, or delete sections to create an appropriate, individualized, and comprehensive TB ICP.

Please note that the model TB ICP template is not intended to provide detailed clinical procedures or environmental consulting. In addition, to perform some of the procedures requires prerequisite clinical or engineering knowledge and skills. If your jail requires more expertise or information in these areas, consult with your local health department or refer to the training materials and services listed at the end of the template in *Supporting Resources*.

The next section explains how to use the *Jail Template* to develop and implement a TB ICP for your jail.

Phase 1: Plan Development

ACTION	STEP 1 Getting Started Jail custody and medical staff decide to develop a plan, select the project lead, review template materials, confirm plan needs, and identify key individuals and agencies.	STEP 2 Initial Meetings Jail custody and medical staff conduct initial meetings with public health department staff and other key individuals and agencies.	STEP 3 Risk Assessment The development team assesses the jail's TB risk by collecting and reviewing TB epidemiological data.	STEP 4 Template Customizations The development team decides on customizations to the template and makes electronic edits.	STEP 5 Reviews and Revisions The project leader submits the plan to all responsible parties for feedback. The development team decides how to revise the plan.	STEP 6 Plan Approval The project leader submits the plan to approval authorities.	STEP 7 Training The <i>Policy and Procedures 4</i> lead oversees the development and delivery of staff training and education programs related to TB and the TB ICP.
OUTCOME	Validate need for developing a plan using the <i>Jail Template</i> Gather and review information to plan and arrange initial meetings	Needs and resources identified Roles and responsibilities defined Project plan and timeline established	Determination made whether the jail is minimal or non-minimal risk	Customizations marked on a paper copy of the template Edits saved to an electronic copy of the template	Reviewer feedback incorporated and the TB ICP finalized	Plan is signed for approval	Staff gain knowledge about TB in the jail setting and are prepared to implement the TB ICP's policies and procedures
RESOURCES	See <i>The Jail Template Package</i> (p. 16), <i>The Model TB ICP Template Overview</i> (p. 17), and <i>Collaborating with the Local Health Department</i> (p. 18)	See <i>the Development and Implementation Roles and Responsibilities Worksheets</i> (p. 23–27)	See <i>Determining Your Jail's Risk Classification</i> (p. 29) and <i>Policy and Procedures 1</i>	See <i>Development Roles and the Responsibilities Worksheet</i> (p. 23) and <i>Customizing the Template</i> (p. 32)	See <i>Development Roles and the Responsibilities Worksheet</i> (p. 23) and <i>Customizing the Template</i> (p. 32)	See <i>Approval of the TB ICP</i> in the template	See <i>Policy and Procedures 4</i>

Phase 2: Plan Implementation

- Screen and contain TB and maintain TB ICP-related records
- See the *Implementation Roles and Responsibilities Worksheet* (p. 24), *Supplies Checklist* (p. 36), and *Policy and Procedures 2–18* and 20

Phase 3: Plan Evaluation

- Reassess TB risk. See *Policy and Procedures 1*
- Analyze data. See *Policy and Procedures 19*
- Monitor and evaluate the TB ICP. See *Policy and Procedures 20*
- See the *Implementation Roles and Responsibilities Worksheet* (p. 24)

Phase 4: Plan Revision

- Review and revise your TB ICP
- See the *Implementation Roles and Responsibilities Worksheet* (p. 24), and *Customizing the Template* (p. 32)

HOW TO USE THE JAIL TEMPLATE

→ PROCESS OVERVIEW OF PLAN DEVELOPMENT AND IMPLEMENTATION

A TB ICP involves two processes: initial development and ongoing implementation.

Phase 1: Development

Customizing the template to develop your TB ICP involves seven basic steps. This chapter and the plan template offer guidelines, overviews, tips, and recommendations to support actions that need to be taken throughout the development process. The plan development phases and their resources include the following elements:

<p>→STEP 1: Getting Started</p>	<p><i>The Jail Template Package</i> <i>Model TB ICP Template Overview</i> <i>Collaborating with the Local Health Department</i></p>
<p>→STEP 2: Initial Meetings</p>	<p><i>Development Roles and Responsibilities Worksheet</i> <i>Implementation Roles and Responsibilities Worksheet</i></p>
<p>→STEP 3: Risk Assessment</p>	<p><i>Determining Your Jail's Risk Classification</i> <i>Policy and Procedures 1: Assessing the TB Transmission Risk in the Jail</i></p>
<p>→STEP 4: Template Customizations</p>	<p><i>Development Roles and Responsibilities Worksheet</i> <i>Customizing the Template</i></p>
<p>→STEP 5: Review and Revisions</p>	<p><i>Development Roles and Responsibilities Worksheet</i> <i>Customizing the Template</i></p>
<p>→STEP 6: Plan Approval</p>	<p><i>Development Roles and Responsibilities Worksheet</i></p>
<p>→STEP 7: Training</p>	<p><i>Policy and Procedures 4: Training and Educating Staff about TB and the TB ICP</i></p>

Phases: 2–4: Ongoing Implementation Cycle

After your plan is developed, it is implemented then evaluated and revised annually in a three-phase implementation cycle. This chapter and the plan template offer tips and recommendations to support actions that need to be taken throughout the implementation cycle. The implementation phases and their resources include:

<p>→PHASE 2: Plan Implementation</p>	<p><i>Implementation Roles and Responsibilities Worksheet</i> <i>Policy and Procedures 2–18 and 20</i></p>
<p>→PHASE 3: Annual Evaluation</p>	<p><i>Implementation Roles and Responsibilities Worksheet</i> <i>Policy and Procedures 1: Assessing the TB Transmission Risk in the Jail</i> <i>Policy and Procedures 19: Analyzing TB Screening Data</i> <i>Policy and Procedures 20: Monitoring and Evaluating the TB ICP</i></p>
<p>→PHASE 4: Plan Revision</p>	<p><i>Implementation Roles and Responsibilities Worksheet</i> <i>Customizing the Template</i></p>

Two worksheets are included to help you track your progress in developing and implementing your jail's TB ICP. See the *Development and Implementation Tracking Sheets* that follow.

→ DEVELOPMENT TRACKING SHEET

Use this worksheet to track your progress through the development phases.

→ STEP 1: GETTING STARTED

JAIL ADMINISTRATION	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
1. Review Materials				
2. Select Project Lead				
PROJECT LEAD	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
1. Overview				
2. Review Template				
3. Confirm Needs				
4. Identify Key Individuals and Organizations				

→ STEP 2: INITIAL MEETINGS

PROJECT LEAD	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
1. Identify and Invite Participants				
2. Develop an Agenda				

→ **DEVELOPMENT TRACKING SHEET** [CONTINUED]

PROJECT LEAD	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
2a. Identify Needs and Resources				
2b. Assign Roles and Responsibilities				
2c. Establish Plans and Timelines				

→ **STEP 3: RISK ASSESSMENT**

START DATE:

COMPLETION DATE:

DEVELOPMENT TEAM	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
1. Collect Data				
2. Classify Risk				

→ **STEP 4: TEMPLATE CUSTOMIZATIONS**

START DATE:

COMPLETION DATE:

PROJECT LEAD	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
1. Check for Hardware, Software, and Skills				
2. Check for Template Files				
DEVELOPMENT TEAM	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
1. Mark Up a Printed Copy				
2. Decide on Customizations				

➔ **DEVELOPMENT TRACKING SHEET** [CONTINUED]

ELECTRONIC EDITORS	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
1. Make a Working File Copy				
2. Key In Edits				
3. Finalize the Electronic Plan Document				

➔ **STEP 5: REVIEWS AND REVISIONS** START DATE: COMPLETION DATE:

PROJECT LEAD	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
• Coordinate Reviews				
REVIEWER	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
• Provide Feedback				
DEVELOPMENT TEAM	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
• Decide on Revisions				
PROJECT LEAD	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
• Finalize the Approval Version of the TB ICP				

➔ **STEP 6: PLAN APPROVAL** START DATE: COMPLETION DATE:

PROJECT LEAD	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
• Coordinate Approvals				
APPROVAL AUTHORITY	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
• Review and Indicate Approval				
PROJECT LEAD	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
• Communicate Completion of the TB ICP				

➔ **STEP 7: TRAINING** START DATE: COMPLETION DATE:

POLICY & PROCEDURES 4 LEAD	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
1. Develop Programs				
2. Deliver Programs				

→ IMPLEMENTATION TRACKING SHEET

Use this worksheet to track a year's progress through the implementation phases.

→ PHASE 2: PLAN IMPLEMENTATION		START DATE:	ANNUAL EVALUATION DATE:	
POLICY AND PROCEDURES 2-18 AND 20 LEADS	START DATE	EVALUATION DATE	COMPLETED ACTIONS	OUTCOMES
<ul style="list-style-type: none"> Ensure Policy Implementation 				
→ PHASE 3: ANNUAL EVALUATION		START DATE:	COMPLETION DATE:	
TB ICP LEAD AND POLICY AND PROCEDURES 1, 19 AND 20 LEADS	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
<ul style="list-style-type: none"> Evaluate the TB ICP 				
→ PHASE 4: PLAN REVISION		START DATE:	COMPLETION DATE:	
TB ICP LEAD AND POLICY AND PROCEDURES LEADS	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
1. Mark Up a Printed Copy				
2. Decide on Revisions				
ELECTRONIC EDITORS	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
1. Make a Working File Copy				
2. Key In Edits				
3. Finalize the Electronic Plan Document				

→ **IMPLEMENTATION TRACKING SHEET** [CONTINUED]

PROJECT LEAD	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
• Coordinate Reviews				
REVIEWER	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
• Provide Feedback				
PROJECT LEAD	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
1. Finalize the Approval Version of the TB ICP				
2. Coordinate Approvals				
APPROVAL AUTHORITY	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
• Review and Indicate Approval				
PROJECT LEAD	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
• Communicate Completion of the Revised TB ICP				
POLICY & PROCEDURES 4 LEAD	START DATE	COMPLETION DATE	COMPLETED ACTIONS	OUTCOMES
1. Update Programs				
2. Deliver Programs				

→ DEVELOPMENT
STEP 1: GETTING STARTED

Take the action steps below to begin the process of developing and implementing your jail's customized TB ICP.

Jail Administration Actions

1. **Review Materials:** Review the template materials and decide whether to pursue developing and implementing a TB ICP using the template
2. **Select Project Lead:** Select a project lead at the jail

Project Lead Actions

1. **Overview:** Gain a general understanding of process, collaboration, and template by reviewing the *Jail Template Package* (p. 16), *Model TB ICP Template Overview* (p. 17), and *Collaborating with the Local Health Department* (p. 18)
2. **Review Template:** Review the model TB ICP template
3. **Confirm Needs:** Confirm the jail's needs for developing or revising the TB ICP
 - Review regulations and guidelines
 - Gather current related policies and procedures
 - Compare the template to your jail's current policies and procedures
4. **Identify Key Individuals and Organizations:** Identify key internal and external individuals, organizations, and resources in these areas:
 - Infection control and epidemiology
 - Clinical issues
 - Laws and regulations
 - Risk management
 - Personnel data: staffing, Workers' Compensation, TB data
 - Inmate medical data: TB data
 - Environmental controls
 - Respiratory protection

The *Jail Template* Package

The *Jail Template* is organized in two parts and includes printed materials and a CD-ROM.

Binder

Part One: Introduction & Instructions

These printed materials explain why your jail may want to use the *Jail Template* and how to customize your jail's TB ICP from the template.

Part Two: The TB ICP Template for Jails

This is a hard copy of the uncustomized plan template.

CD-ROM

The CD-ROM organizes the template files in a directory structure similar to the printed binder. For a detailed list, see the *Directory and File List* in *Supporting Resources*. There are three types of files:

PDF: Files ending in ".pdf" are read-only on the CD-ROM and all other locations. To view and print these files, you will need Adobe Acrobat Reader, a free program that is available by download from Adobe at <http://www.adobe.com/prodindex/acrobat/readstep.html> For Acrobat download and product support, refer to <http://www.adobe.com/misc/comments.html>

DOC: Files ending in ".doc" are read-only on the CD-ROM. These are the files that you copy and modify to develop your jail's customized plan. These files work best on Windows 95 (or later) operating systems with Microsoft Word version 6.0 (or later) software.

RTF: Files ending in ".rtf" are read-only on the CD-ROM. If you use WordPerfect 8.0 (or later) or work on a Macintosh operating system 7.1 (or later) and cannot open the .doc files, use the rich text format (.rtf) files.

You can also download these files from the Francis J. Curry National Tuberculosis Center website: <http://www.nationaltbcenter.edu> If your computer cannot read the CD-ROM or if it is difficult to open the template files, technical support is available:

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Model TB ICP Template Overview

This model TB ICP presents a comprehensive array of TB exposure control policies and procedures for your jail to customize based on its needs and resources. Your jail can customize the procedures at predefined areas in the template, and it can edit all other text in the template. Throughout the plan, recommendations offer expert advice to guide decisions, and notes give background information on TB-related issues.

Introductory Material

This area of the template establishes your plan's goals, general policies, applicable guidelines, compliance requirements, and roles and responsibilities.

Policies & Procedures (P&P)

The template's policies and procedures include administrative, environmental, and personal respiratory controls.

P&P 1: Risk Assessment

Risk assessment determines which policies and procedures you include in your plan. Using these procedures, review epidemiological data to classify your facility's risk.

P&P 2–5: Staff

Jail custody and medical staff come into daily contact with inmate populations that are at increased risk for TB disease. Use these procedures to implement administrative controls to screen staff for TB, educate staff about TB, and train staff on TB control procedures. Implement respiratory protection controls by providing for the staff's use of respirators in high risk situations and areas.

P&P 6–15: Inmates

Most TB transmission occurs when an infectious person is unrecognized as a TB case, is not isolated, or does not complete adequate treatment for TB disease. Principles of TB infection control stress the importance of the early identification, prompt isolation, and effective treatment of persons with suspected infectious TB disease. Use these procedures to implement administrative controls to report TB symptoms prior to booking and at booking, to screen inmates for TB, to promptly mask and isolate suspected or confirmed TB cases, and to ensure effective treatment during incarceration and after transfer or release.

P&P 16: Contact Investigations

Every person with TB disease was once a contact exposed to a person with infectious TB. Use these procedures to implement administrative controls to collaborate with the local health department to identify the source case and its contacts, screen them for TB, then isolate and treat them as indicated.

P&P 17: Environmental Controls

TB transmission can occur when invisible particles containing TB bacteria are spread through a facility's air systems. Use these procedures to implement the use and maintenance of environmental controls that contain, dilute, clean, and remove contaminated air.

P&P 18–20: Reporting & Evaluation

The jail's TB control efforts affect the larger community as well as the facility itself. Use these procedures to implement administrative controls to report suspected or confirmed TB cases to the local health department. Review and improve TB control in the jail by analyzing screening compliance and TB transmission data, monitoring implementation, and periodically evaluating the plan.

Supporting Resources

This area provides a glossary and lists TB-related organizations, guidelines, educational materials, and services.

Collaborating with the Local Health Department

The CDC has outlined the roles of the jail and local health department in controlling TB.

Role of the Jail

Assign a liaison to work with the local health department.

- Follow policies and procedures in the jail to control TB according to current guidelines and regulations
- Establish a formal agreement, or memorandum of understanding, with the local health department regarding contact investigations and follow-up of inmates transferred or released before they have completed evaluation or treatment
- Offer training and education with the assistance and consultation of the local health department

Role of the Local Health Department

The following are typically performed by the local health department. However, in some jurisdictions, the state health department may perform them.

- Assign a liaison to work with the jail
- Provide assistance to the jail to develop and evaluate the jail's TB ICP and human immunodeficiency virus (HIV) prevention programs
- Ensure continuity of TB care for released inmates
- Consult with the jail during contact investigations of TB exposure incidents in the jail
- Assist in developing TB control record systems and in analyzing TB data
- Ensure access to expert clinical consultation
- Ensure access to laboratory services
- Provide training and education to jail staff and briefings for jail administration
- In smaller jails, conduct TB screening and administer directly observed therapy (DOT) to inmates requiring treatment for TB disease

Why Collaboration Is Important

Collaborating with the local health department is important for tracking TB cases and ensuring necessary resources.

To effectively control TB in and out of the jail, correctional staff and the local health department need to share information in order to track and treat TB cases entering the jail and TB cases being released into the community.

The local health department may provide or facilitate access to important resources that your jail needs in order to develop and implement a TB ICP: funding, staff, education, training, laboratory services, isolation rooms, medical consultation, epidemiological consultation, contact investigation, TB registry information, and follow-up assistance for continuity of care.

Attitudes That Foster Collaboration

As you work out your collaboration, keep in mind some basic attitudes that have facilitated successful collaborations for TB control in other jurisdictions.

- **Find common ground** in sharing a mission for local safety
- **Be sensitive** to different priorities; jail staff's primary concern is security; local health department staff's primary concern is health care
- **Respect** each other's rules, expertise, and concerns
- **Be open** to working out solutions

Methods for Collaboration

Below are some action steps to build collaboration when developing and implementing your jail's TB ICP.

Conducting Initial Meeting(s): To build collaboration from the start, conduct an initial project meeting (or meetings) between jail custody staff, jail medical staff, and public health staff. For more information, see *Step 2: Initial Meetings (p. 21)*.

Assigning Liaisons: Liaisons perform functions to help smoothly implement a TB ICP. The jail liaison facilitates access to inmates and gate clearances for local health staff. The public health liaison provides information and coordinates access to public health resources. Assign liaisons during the initial meetings and record the assignments on the *Development and Implementation Roles and Responsibilities Worksheets (pp. 23–27)*, and in the plan when you customize the *Roles of the Jail and Local Health Department* section and the other areas of the template.

Establishing Data Exchange Protocols: Documentation and exchange of data are critical to successfully controlling TB. For example, when inmates are transported, transferred, or released, the jail should provide healthcare data for inmates with active TB. In turn, the local health department should provide data on new inmates from cases in the TB registry and research and policy updates about preventing and treating TB disease and LTBI. Customizations throughout the policies and procedures let you specify how to share TB-related data.

Developing a Memorandum of Understanding (MOU): A formal agreement, or MOU, will help to provide a framework for collaboration between the jail and local health department, procure necessary resources for the jail's TB ICP, and avoid misunderstandings and duplication of activities.

Regular Meetings: During the plan's implementation, hold regular meetings between jail custody staff, jail medical staff, and public health staff. These meetings can include activities such as consultations or training and cover topics such as updates on new TB treatments, global and national epidemiology trends, TB transmission in the jail and community, and issues around plan implementation in the jail. Each year, as a part of the annual plan evaluation, one of the meetings should evaluate the TB ICP.

→ DEVELOPMENT
STEP 2: INITIAL MEETINGS

Jails and local health departments have different missions, experience, and types of personnel. To get the collaborative process off to a good start, convene an initial meeting, or meetings, between jail and local health staff to review essential information and develop preliminary actions including defining roles and responsibilities.

Project Lead Actions

- 1. Identify and Invite Participants:** Participants should include jail and public health staff with the authority and responsibility for TB infection control in the jail; at a minimum, key participants should include individuals with the following functions:

a. Jail Participants

- Chief medical officer
- Chief administrator
- Inmate medical staff
- Custody staff
- Classifications staff
- Compliance staff
- Risk management staff
- Infection control staff
- Employee health or occupational health staff
- Human resources staff
- Union/bargaining unit representatives
- Environmental health, engineering, and physical plant operations staff
- TB liaison



b. Local Health Department Participants

- Local health officer and/or TB controller
- Correctional liaison

2. **Develop an Agenda:** Create a meeting agenda, or agendas, to achieve the following outcomes:
 - a. **Identify Needs and Resources:** Take the actions below to identify what your plan should include and what resources are required to develop and implement it
 - Review local, state, and federal regulations and guidelines; at the time of publication, this template includes current recommendations from the CDC and the National Commission on Correctional Health Care and meets existing OSHA standards; however, regulations and guidelines may change periodically and vary by county and state
 - Review existing TB infection control policies and procedures and practice to determine gaps with the template
 - Determine knowledge and skills of staff who will implement the plan; if gaps in either are identified, review the template’s *Supporting Resources* to address them
 - b. **Assign Roles and Responsibilities:** Take the actions below to identify and assign roles and responsibilities
 - Review the model template and the plan’s needs and resources to identify authorities, roles, and responsibilities for TB infection control functions and list them on the *Development and Implementation Roles and Responsibilities Worksheets (pp. 23–27)*
 - Draft and finalize a memorandum of understanding to formally establish agreement between the jail and local health department about these roles and responsibilities
 - c. **Establish Plans and Timelines:** Establish plans and timelines to complete the development phase and initiate implementation
 - Develop a plan and timeline to customize the template; ensure review by all responsible parties before the TB ICP is finalized
 - Develop a plan and timeline to implement the customized TB ICP



Development Roles and Responsibilities Worksheet

Use this worksheet to help identify and assign roles and responsibilities for plan development. In the **Assignment** column, note the position and agency responsible for each role and responsibility necessary to develop your jail's TB ICP. Use the blank rows to enter other roles or responsibilities that you identify and agree upon in your initial meetings.



ROLE 	RESPONSIBILITIES 	ASSIGNMENT
Jail TB ICP Project Lead	Confirm need for plan and identify key individuals and organizations. Conduct initial meetings to identify needs and resources, assign roles and responsibilities, and establish plans and timelines. Check that the jail has the required resources. Coordinate reviews and approvals. Keep records for future revisions. Communicate when the plan is ready to implement.	
Jail Liaison	Facilitate access to inmates and gate clearance for local health staff.	
Public Health Department Liaison	Provide information on TB in the jail and coordinate access to public health resources.	
Development Team	Collect data and classify risk. Make customization decisions.	
Electronic Editor	Key in edits. Remove instruction and recommendation text and finalize document's formatting.	
Reviewers	Review the proposed customizations and provide feedback.	
Approval Authority	Review the TB ICP and approve or comment.	

Implementation Roles and Responsibilities Worksheet



Use this worksheet to help identify and assign roles and responsibilities for ongoing plan implementation. In the **Assignment** column, note the position and agency responsible for each role and responsibility.

ROLE 	RESPONSIBILITIES 	ASSIGNMENT
Jail TB ICP Project Lead	Coordinate the annual evaluation. Conduct meetings to identify needs and resources, assign roles and responsibilities, and establish a revision plan and timeline. With the policy and procedure leads, use the evaluation results to revise the TB ICP. Coordinate reviews and approvals. Keep records for future revisions. Communicate when the revised TB ICP is ready to implement.	
Jail Liaison	Facilitate access to inmates and gate clearance for local health staff.	
Public Health Department Liaison	Provide information on TB in the jail and coordinate access to public health resources.	
Policy and Procedures Lead: Risk	1: Assessing the TB Transmission Risk in the Jail Ensure that the jail's risk classification and high risk areas and occupational groups are determined annually.	
Policy and Procedures Leads: Staff	2: Screening Staff for TB Disease and LTBI Ensure that initial and periodic screening is conducted as determined in the risk assessment. Ensure that follow-up is completed for staff with symptoms or new positive tuberculin skin tests (TSTs). Ensure that staff with suspected or confirmed infectious TB are removed from work. 3: Using Respiratory Protection Ensure that jail custody and medical staff use respiratory protection devices in required situations.	



IMPLEMENTATION ROLES AND RESPONSIBILITIES WORKSHEET

 ROLE	 RESPONSIBILITIES	ASSIGNMENT
<p>Policy and Procedures: Staff [continued]</p>	<p>4: Training and Educating Staff about TB and TB ICP</p> <p>Ensure that jail staff is provided TB training and education at hire and a TB review and update at least annually.</p> <p>5: Keeping Staff TB Records</p> <p>Ensure that TST results are documented, a database and aggregate logs kept, and staff records maintained for the required time period in an accessible location.</p>	
<p>Policy and Procedures Leads: Inmates</p>	<p>6: Preventing Transmission of TB Prior to and at Booking</p> <p>Ensure that inmates with significant coughs are reported and masked prior to and at booking.</p> <p>7: Evaluating Inmates for TB at Booking</p> <p>Ensure that the inmates are evaluated for TB history and symptoms at booking.</p> <p>8: Screening Inmates for TB Disease and LTBI</p> <p>Ensure that initial and periodic screening is conducted as determined in the risk assessment. Ensure that follow-up is completed for inmates with symptoms or new positive tuberculin skin tests.</p> <p>9: Masking Inmates</p> <p>Ensure that inmates with suspected or confirmed TB are masked except when they are in airborne infection isolation rooms (AIIRs).</p> <p>10: Isolating Inmates with Suspected or Confirmed Infectious TB</p> <p>Ensure that, as soon as TB disease is suspected, isolation procedures are followed and inmates are placed in negative pressure isolation until no longer infectious or until TB disease has been ruled out.</p>	

IMPLEMENTATION ROLES AND RESPONSIBILITIES WORKSHEET

 ROLE	 RESPONSIBILITIES	ASSIGNMENT
<p>Policy and Procedures: Inmates [continued]</p>	<p>11: Treating Inmates with Suspected or Confirmed TB Disease</p> <p>Ensure that treatment for inmates with suspected or confirmed TB disease is promptly initiated and that efforts are made to ensure adherence to treatment and treatment completion to the extent possible during incarceration.</p> <p>12: Treating Inmates with LTBI</p> <p>Ensure that treatment for inmates with LTBI is provided in consultation with the local health department.</p> <p>13: Transporting Inmates with Suspected or Confirmed Infectious TB</p> <p>Ensure that inmates with suspected or confirmed TB disease are transported in a manner that minimizes the risk of TB transmission to others in the transport vehicle and at the receiving facility.</p> <p>14: Planning for Transfer and Release of Inmates with Suspected or Confirmed TB Disease</p> <p>Ensure that the destination and the originating jurisdictions' health departments are notified, follow-up medical appointments made, and medication supplies issued.</p> <p>15: Keeping Inmate Records</p> <p>Ensure that TST results are documented, a database and aggregate logs kept, and inmate records maintained for the required time period.</p>	

IMPLEMENTATION ROLES AND RESPONSIBILITIES WORKSHEET

 ROLE	 RESPONSIBILITIES	ASSIGNMENT
Policy and Procedures Lead: Contact Investigations	<p>16: Conducting a Contact Investigation for TB</p> <p>Ensure that staff and inmates who have experienced TB exposure incidents are identified and tested and the necessary follow-up completed for TST positive contacts and suspected or confirmed TB cases.</p>	
Policy and Procedures Lead: Environmental Controls	<p>17: Using and Maintaining Environmental Controls</p> <p>Ensure that the environmental controls are used and maintained to reduce the risk of TB transmission.</p>	
Policy and Procedures Leads: Reporting & Evaluation	<p>18: Reporting Suspected or Confirmed TB Cases</p> <p>Ensure that, as soon as they are identified, all staff and inmate suspected or confirmed TB cases are reported to the local health department.</p> <p>19: Analyzing TB Screening Data</p> <p>Ensure that inmate and staff TB screening data are analyzed at least annually.</p> <p>20: Monitoring and Evaluating the TB ICP</p> <p>Ensure that, on an ongoing basis, compliance with the plan is monitored and barriers to implementation are addressed. Ensure that the plan is evaluated annually. If there is a cluster of TST conversions or other evidence of TB transmission, ensure that an outbreak review is conducted.</p>	

→ **DEVELOPMENT**
STEP 3: RISK ASSESSMENT

The CDC provides classifications to estimate the overall risk of TB transmission by facility. The CDC guidelines for preventing the transmission of *M. tb* in healthcare facilities and the publication *Controlling TB in Correctional Facilities* describe the risk classifications used for correctional facilities. The most recent guidelines distinguish two classifications of correctional facility–level risk: minimal and non-minimal.

Note: These classifications may change when the 1994 healthcare facility guidelines are updated.

In *Controlling TB in Correctional Facilities*, the CDC classifies the risk of TB transmission in correctional facilities as "minimal" if "there essentially is no risk of exposure to TB patients in the facility." Minimal risk facilities do not need to use the same level of TB control measures as facilities that are not classified as minimal risk.

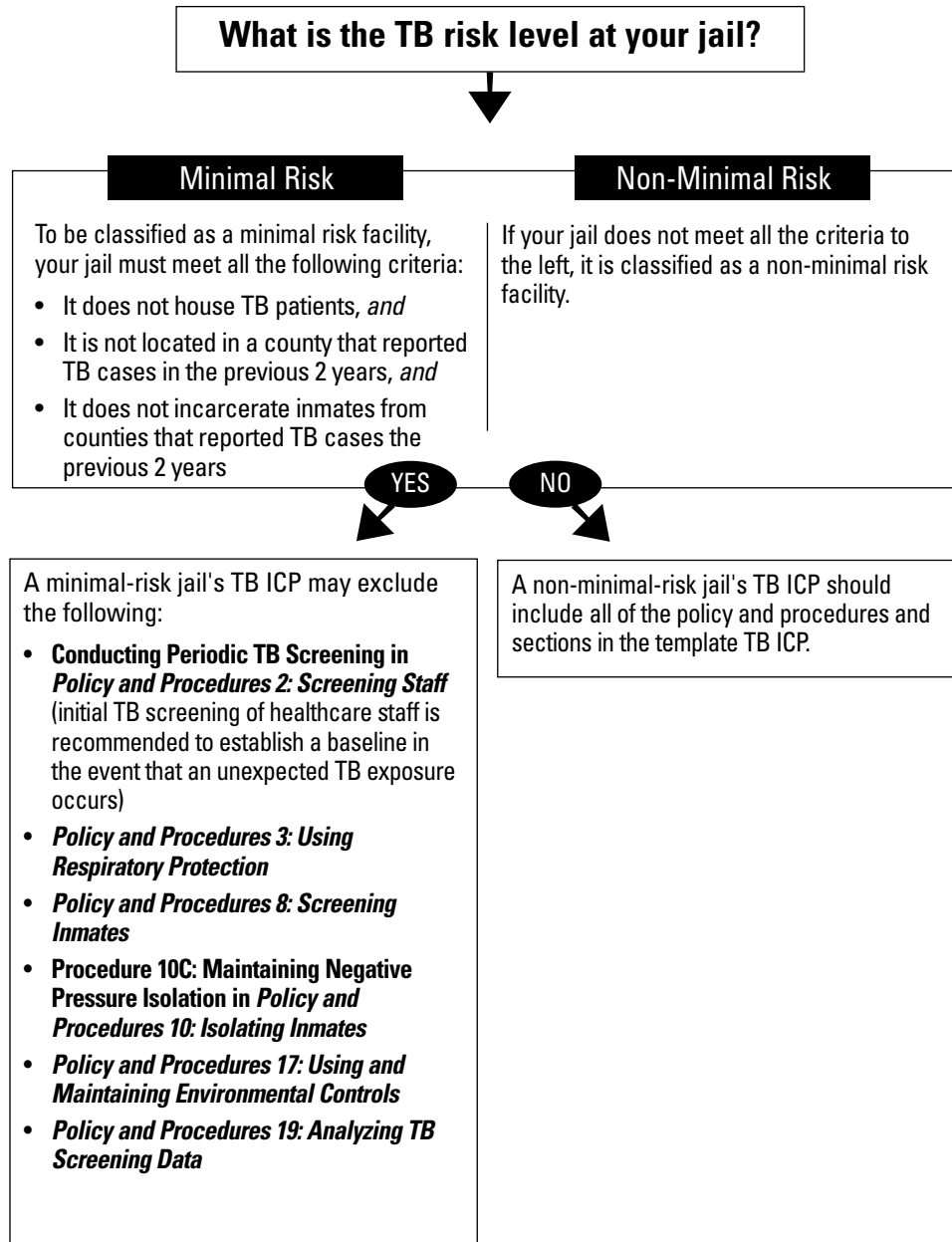
Facilities classified as minimal risk for TB transmission may not need to include all of the template's policies and procedures in their plans. However, jails classified as non-minimal risk for TB transmission should include all of the template's policies and procedures in their plan.

Development Team Actions

- 1. Collect Data:** Collect data on TB in the jail, on the county in which the jail is located, and on counties that send inmates to the jail
- 2. Classify Risk:** Determine your jail's risk classification, using the chart on the next page and *Policy and Procedures 1: Assessing Risk*

Determining Your Jail's Risk Classification

The CDC classifies correctional facilities in which there is essentially no risk of exposure to inmates with TB as minimal risk facilities. Each facility classified as a minimal risk facility should determine at least annually if it continues to meet the three criteria listed under Minimal Risk below. If any TB case(s) are reported in the county in which the jail is located or from which the jail receives inmates, the facility risk should be reclassified as non-minimal.



→ **DEVELOPMENT**
STEP 4: TEMPLATE CUSTOMIZATIONS

After the development team completes the risk assessment, your jail uses the assessment to determine which policies and procedures to include in its TB ICP and begins customizing the template.

Project Lead Actions

1. **Check for Required Hardware, Software, and Skills:** Check *What You Need to Begin* (p. 31) to ensure that your jail has the hardware, software, and skills needed to customize the template
2. **Check for Template Files:** Check the CD-ROM and refer to the *Directory and File List* in *Supporting Resources* to determine that your jail has the electronic template files

Development Team Actions

1. **Mark Up a Printed Copy:** For recordkeeping and for future comparison, write your customizations on a printed copy of the template before entering them in the electronic file
2. **Decide on Customizations:** When deciding on the changes you want, use the guidelines in *Customizing the Template* (p. 32)

Electronic Editing Actions

1. **Make a Working File Copy:** To assure that the original template file is available for future use, TBICP.rtf is a read-only file; when you want to insert your customizations, save a copy of the file under a different name
2. **Key In Edits:** The template is designed to be easy to modify and adapt to your purposes; replace the blanks with the changes written on the printed copy of the template; add or delete items or procedure sections as indicated in the template's bracketed instructions; as you work, remember to save your document as often as possible
3. **Finalize the Electronic Plan Document:** Complete your document clean-up tasks:
 - a. **Delete instructions and recommendations:** Delete all text that applies *only to the template and not to the finished plan*:
 - All <<<bracketed italics>>>
 - Recommendations (included in the instruction brackets)Do not delete the "Note:" or "Alert:" paragraphs; that text should remain in the finished plan
 - b. **Adjust the page breaks**

Project Lead Action

- **Keep Records for Future Revisions:** To make revisions easier, keep one hard copy of your final customized ICP with the marked-up copy of the original template

What You Need to Begin

A personal computer (with a CD-ROM drive), word processing program, and basic word processing skills are required to use the template. Staff using the template file will need to know how to select and delete text, add text, save files, and print files.

To customize template files, you will need the following software:

Microsoft Windows 95 (or later) or Mac OS 7.1 (or later)

Microsoft Word 6.0 (or later) or Corel WordPerfect 8.0 (or later)

Locate the directories and TB ICP template files on the CD-ROM enclosed with this binder, referring to the *Directory and File List* in *Supporting Resources*. You also can download the template files from the Francis J. Curry National Tuberculosis Center website: <http://www.nationaltbcenter.edu>

PDF: Files ending in ".pdf" are read-only on the CD-ROM and all other locations. To view and print these files, you will need Adobe Acrobat Reader, a free program that is available by download from Adobe at

<http://www.adobe.com/prodindex/acrobat/readstep.html>

For Acrobat download and product support, refer to

<http://www.adobe.com/misc/comments.html>

DOC: Files ending in ".doc" are read-only on the CD-ROM. These are the files that you copy and modify to develop your jail's customized plan. These files work best on Windows 95 (or later) operating systems with Microsoft Word version 6.0 (or later) software.

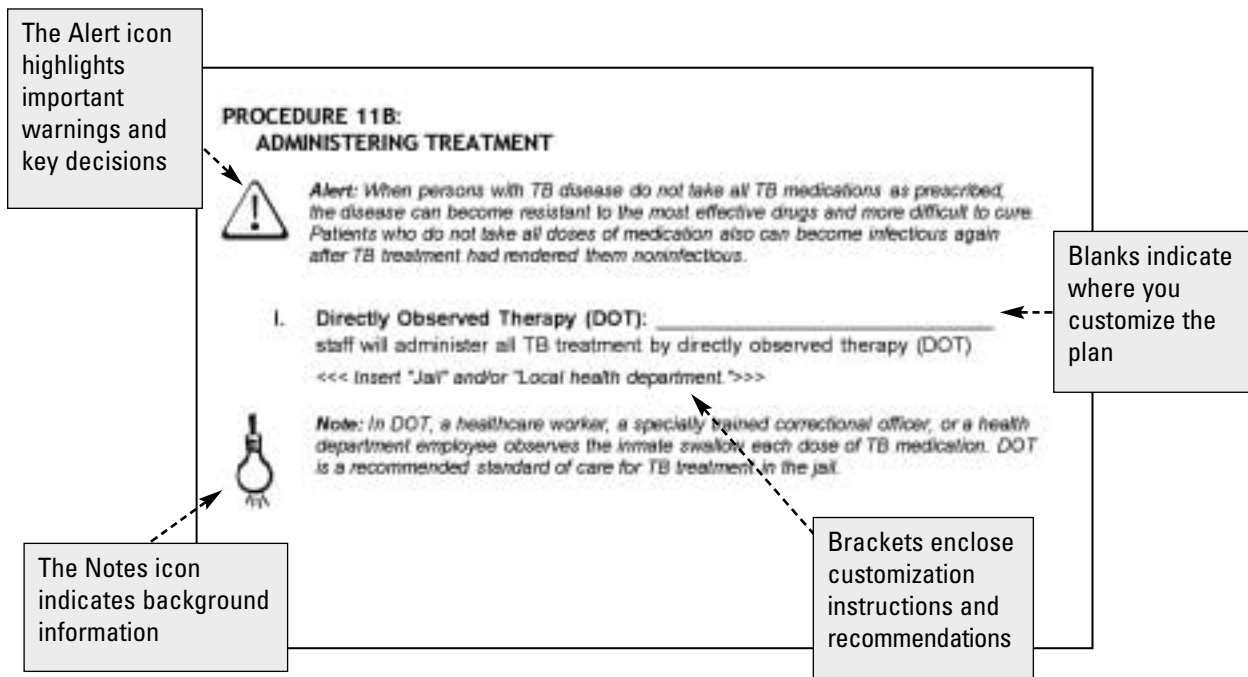
RTF: Files ending in ".rtf" (rich text format) are read-only on the CD-ROM. If you use WordPerfect 8.0 (or later) or work on a Macintosh operating system 7.1 (or later) and cannot open the .doc files, use the rich text format (.rtf) files. They are another type of file that you can copy and modify to develop your jail's customized plan and have the same text content as the .doc files. Rich text format files work on a wider range of word processing software packages and operating systems. Because they have no graphics or advanced formatting, the .rtf files will differ slightly from the TB ICP binder printout.

If your computer cannot read the CD-ROM or if it is difficult to open the template files, technical support is available:

Management Information Systems Specialist
Francis J. Curry National Tuberculosis Center
tbcenter@nationaltbcenter.edu

Customizing the Template

- Instructions in bracketed italics (<<< >>>) appear in the TB ICP template where your jail needs to make customizations; the instructions explain what type of information is needed
- When brackets indicate <<< *Insert position.* >>>, insert the name of a position or job title responsible for the activity that is as *specific as possible*. For example, insert “chief medical officer,” if appropriate, rather than “physician,” or insert “infection control practitioner,” if appropriate, rather than “nurse”
- Use the recommendations in the instruction brackets to help make decisions



- Any of the text in the .doc and .rtf files can be changed or deleted
- If you delete items, be sure to renumber and reletter the outline
- Add steps and items to the procedures to reflect your facility's practice; for example, you may add a cross reference to a procedure outside of the TB ICP or note the name of a form

→ **DEVELOPMENT**
STEP 5: REVIEWS AND REVISIONS

After the development team's customizations are entered into the TB ICP, the plan should be submitted to reviewers identified on the *Development Roles and Responsibilities Worksheet*.

Project Lead Action

- **Coordinate Reviews:** Submit the plan to all responsible parties for review and collect their feedback

Reviewer Action

- **Provide Feedback:** Review the plan and give feedback

Development Team Action

- **Decide on Revisions:** Based on reviewers' feedback, decide how to revise the plan

Project Lead Action

- **Finalize Approval Version:** Ensure that the revisions are entered and the plan document is finalized for approval

→ **DEVELOPMENT**
STEP 6: PLAN APPROVAL

After the reviewer feedback is incorporated into the TB ICP, the plan should be submitted for approval to the approval authorities identified on the *Development Roles and Responsibilities Worksheet*.

Project Lead Action

- **Coordinate Approvals:** Submit the plan to all responsible parties for review and collect their approvals or comments; revise the plan and resubmit it if necessary

Approval Authority Action

- **Review and Indicate Approval:** Review the plan, comment, and communicate approval

Project Lead Action

- **Communicate Completion:** Communicate when the plan is ready to implement; notify the jail administration, local health department, development team, and individuals assigned roles on the *Implementation Roles and Responsibilities Worksheet*

→ DEVELOPMENT
STEP 7: TRAINING

After the plan is approved, activities should be developed and delivered to train and educate staff about TB transmission, LTBI, TB disease, and infection control measures. This training should review staff roles and responsibilities related to the TB ICP.

Policy and Procedures 4 Lead Actions

1. **Develop Programs:** Develop training and education programs in accordance with *Policy and Procedures 4*
2. **Deliver Programs:** Deliver training and education programs in accordance with *Policy and Procedures 4*

→ **ONGOING IMPLEMENTATION CYCLE**

Phase 2: Plan Implementation

In this phase, persons assigned lead roles for *Policy and Procedures 2–18* and *20* should ensure that these policies are implemented as specified in the plan.

Phase 3: Annual Evaluation

Your facility's TB ICP should be reviewed at least once a year and revised to reflect current practice and TB transmission risk. For example, if your risk level has changed, you may need to include policies and procedures that are not in your current plan. Annually, persons assigned lead roles for *Policy and Procedures 1, 19, and 20* should ensure that they are implemented to evaluate the plan.

Phase 4: Plan Revision

In this phase, the jail TB ICP lead and the leads for each policy and procedure should use the evaluation results to decide on plan revisions. These role assignments are listed on the *Implementation Roles and Responsibilities Worksheet* (p. 24).

Refer to the tips in *Customizing the Template* (p. 32) to enter your revisions, and complete the document clean-up tasks. To restore text from the original template, use the word processing software's "Compare" feature to create a composite document that highlights the differences between your current plan and the original template. In the composite document, select which text to restore from the highlighted changes.

Supplies Checklist

Refer to this list to check and stock supplies for your jail's TB screening program.

- TB syringes (26 or 27g needles, 1/2")
- TB skin test antigens (supply sources listed below)
- TB reaction rulers (supply sources listed below)
- Small paper drape (for clean field)
- Alcohol wipes
- Cotton balls or gauze squares
- Sterile injectable saline
- Biohazard sharps containers

Supply Sources

Below are some suppliers of TB screening materials. Please note: The Francis J. Curry National TB Center has no affiliation and receives no commercial support from the listed manufacturers but provides this as information only.

Tuberculin Reaction Rulers:

Centers for Disease Control and Prevention (CDC) Website:

<http://www.cdc.gov/nchstp/tb/>

Tuberculin Reaction Rulers and Tuberculin Skin Test Antigens:

Aplisol (antigen):

Monarch Pharmaceuticals
355 Beacham Street
Bristol, TN 37620
Phone: 1-800-776-3637

Tubersol (antigen):

Pasteur Merieux Connaught USA
Route 611, P.O. Box 187
Swiftwater, PA 18379
Phone: 1-717-839-4267

