



Pertinent Healthy People 2010 Leading Health Indicators:

- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Environmental Quality
- Access to Health Care
- Tobacco Use

LTFBI - TB infection, no disease

- Positive reaction to tuberculin skin test, negative bacteriologic studies (if done) and no clinical and/or radiographic evidence of tuberculosis. (LTBI Guidelines TBC Manual 2003 page 2-6)
- Educate regarding TB infection and preventive measures.
- Offer INH preventive treatment for 6 or 9 months.
- Complete PHN Assessment and provide intervention per protocol.
- ♦For SCF - follow the TB SCF Poster
- ♦For Contact Investigation - follow the TB Contact Investigation Poster

Assess

Nursing Practice

1. Review referral documents when received from the Public Health Nursing Supervisor (PHNS) and on the Nursing Practice Management System (NPMS). Document Date/Time/Signature on referral when received from PHNS.
2. Analyze report for:
 - a. Contact information (TST status, CXR results, Date of last contact to index case, any medical and/or previous TB history)
 - b. Status of source case and risk to transmit (high or low)
 - c. Site of disease, Date of Onset, Diagnosis
 - d. Source of referral – (if under private provider care, contact provider prior to home visit if contact was not already made by TB Control)
 - e. Tuberculin skin test (TST) results, BCG status, Chest X-ray results
 - f. Bacteriology/laboratory results of index case
 - g. Any medical and/or previous TB history
 - h. Symptoms and probable communicability status
 - i. Medications for TB start date
 - j. Other medications
 - k. Number of persons potentially exposed
 - l. Description of site where exposure occurred, e.g. high school
 - m. Living situation/social factors
 - n. Contact referral source if insufficient/incomplete information given and client is not currently hospitalized.
2. Assess contact/household per the PHN Assessment criteria.

Diagnose

1. Verify the medical diagnosis and determine the priority of action:
 - a. Review Section/page D7 of the Public Health Nursing Practice Manual and the Contact Investigation Standards in the TB Control Program Manual 2003 (Appendix L) or determine priority in consultation with the PHNS as needed. Document priority selected.
2. Consider contact's/household's need for nursing interventions based on the medical diagnosis.
3. Consider contact's/household's need for nursing intervention to promote health, facilitate well being, foster healing, alleviate suffering, and improve quality of life

Identify Outcomes

Outcome Objectives:

1. Prevent the spread of TB within families, communities, health facilities, or other sites.
2. Contacts are free of TB disease and/or infection.

Nursing Practice:

1. Determine specific outcome objectives for the contact's/household's situation:
 - a. Determine appropriate timelines for attainment of outcomes according to the assessment and diagnoses. (The Contact Investigation Standards in the TB Control Program Manual 2003 (Appendix L)



Other References

- LAC TB Control Manual
- Public Health Nursing Practice Manual
- Education Resource Materials

Plan

Plan for the following Public Health Nursing Interventions

1. **Disease and Health Event Investigation:**
 - a. Review: Symptoms, Incubation period, Source, Mode of transmission, Period of communicability, Specific treatment, and Control measures (TB Control Program Manual 2003 Ch. 3 & 4).
 - b. Obtain TB educational and resource materials.
 - c. Obtain TST supplies, as needed.
 - d. Review CHS Policy #201 Area Medical Director's authority over control of communicable disease in health districts. Consult with PMD/TB Clinician, contact facility/agency, determine the contact person, if indicated
 - e. Elicit epidemiological data from facility/agency or school district representative if applicable.
 - f. Determine onset of symptoms and current status of symptoms of index case.
 - g. Analyze actual/potential for spread of disease.
 - h. Assess environmental factors (e.g. indoor, poor ventilation, specific duties, size and location of worksite/classroom).
 - i. Determine impact of the diagnosis on cultural beliefs and psychosocial impact on contacts.
 - j. Assess barriers to adherence and medical history.
 - k. Assess the susceptibilities of individual contacts (e.g. high-risk factors, age, HIV status, immunocompromising conditions, etc.).
 - l. Refer to Memo: School Contact Investigation (11-9-99), the Los Angeles Unified School District and Tuberculosis Control Procedure for Contact Investigation and Reporting Suspects and Confirmed Cases of TB (Students, Employees and Volunteers Grade K-12 Only) (8-4-99), and General Protocols for Follow up (8-4-99) for follow up of high- or low-risk contacts in schools.
 - m. Classify contact(s) as high or low risk to becoming infected and give follow-up priority to high risk.
 - n. Initiate a medical record for high-risk contacts.
2. **Case Finding:**
 - a. Initiate contact follow-up as per TB Contact Investigation Standards in the TB Control Program Manual 2003 (Appendix L).
 - b. Explain to contact that identity of index case is confidential.
 - c. Administer TST as indicated. Offer TST & chest X-ray as indicated for worksite and/or Industrial Contact Investigation.
 - d. Initiate appropriate forms: H-289 and H-304.
3. **Health Teaching/Counseling:**
 - a. Educate contact regarding disease process, precautions to prevent spread of disease, necessary follow-up and medication prescribed.
 - b. Educate regarding TB infection vs. TB disease.
4. **Referral and Follow-up:**
 - a. Refer contact to provider for evaluation and follow-up.
 - b. Refer contact to community resources according to identified needs.
 - c. If client was born in Mexico, has family in Mexico or may be visiting here, provide client the "Cure TB" Binational Referral Program wallet card to facilitate continuity of care in event of unplanned trip or move.
5. **Case Management:**
 - a. Maintain desk card on each high risk contact as determined by Area Nurse Manager.
 - b. Document interventions in the medical record.
6. **Surveillance:**
 - a. Monitor contact adherence to recommended medical treatment and appointments per TB Control Program Manual page 6-10.
7. **Other:**
 - a. Plan interventions needed to assist case/contact(s) with concerns identified in PHN Assessment.

Implement

1. PHN interventions are implemented as stated in the plan.
2. Document all consultations, collaborations, interventions, and client/caretaker encounters on the investigation forms, and/or in the medical record/NPMS.

Evaluate

1. Evaluate the effectiveness of the interventions on the health of the contact(s); e.g. document client/caretaker understands the disease process and prevention of transmission.
2. Determine and document action for the non-adherent contact.
 - a. Consult with PHNS & TB Clinician.
3. Complete investigation forms:
 - a. Submit as follows or within timeframe agreed upon in consultation with PHNS:
 - Higher risk contact within public health nurse's district: submit within 30 days.
 - Lower risk contact within public health nurse's district: submit within 45 days.
 - Higher risk contact outside of public health nurse's district: send a copy of the H-289 and the original H-304 to district of residence within 7 days.
 - Lower risk contact outside of public health nurse's district: send a copy of the H-289 and the original H-304 to district of residence within 14 days.
 - Higher risk contact outside of the jurisdiction of Los Angeles County Public Health: send a copy of the H-289 or Interjurisdictional TB Notification (ITBN) to TB Control Program within 7 days.
 - Lower risk contact outside of the jurisdiction of Los Angeles County Public Health: send a copy of the H-289 or Interjurisdictional TB Notification (ITBN) to the TB Control Program within 14 days
 - Ensure H-304 Preventative Treatment Closure is dispositioned & submitted if indicated.
4. Document in the NPMS.
 - a. File a copy of the PHN Assessment per the PHN Assessment Form instructions.
5. Evaluate client satisfaction.
 - a. Give client satisfaction form to the contact for completion and submission in a pre-addressed, stamped envelope.