



**Los Angeles Unified School District (LAUSD)/ County of Los Angeles Department of Public Health
 Procedure for Reporting of Suspected and Confirmed Cases of Tuberculosis
 Requiring Contact Investigation (Students, Employees and Volunteers Grades K-12 Only)**

(Adult School TB contact investigations are solely the Public Health Department's responsibility with consultation provided by TB Control)

ACTION	LAUSD CD NURSE	DPH	
		TBC	DISTRICT
RESPONSIBILITIES PRIOR TO CONTACT INVESTIGATION			
<p>TBC Headquarters Surveillance Nursing will:</p> <p>Report any suspected or lab-confirmed TB Case to LAUSD CD Nurse/Director School Medical Services SMS/ Director Nursing Services DNS (213) 765-2805 (confidential line) or (213) 765-2800 (main line).</p> <p>Investigate and validate index case information including smear & culture status and chest x-ray result.</p> <p>Confer with LAUSD CD Nurse to:</p> <ol style="list-style-type: none"> 1. Obtain additional information regarding index case to assist with determining communicability. 2. Within 5 work days, request LAUSD rosters with the names/addresses/phone numbers of students, employees and volunteers of all classes and activities that the TB suspect or case participated in. <p>Discuss the scope of the contact investigation. Based on:</p> <ol style="list-style-type: none"> 1. Potential infectiousness of the TB case/suspect. 2. Cumulative duration of exposure to TB suspect/case. 3. Potential for transmission due to environmental factors (e.g. airflow and classroom seating arrangements). 4. Potential for drug resistance in TB suspect/case. <p>Provide name of lead Public Health Nursing Supervisor (PHNS) /designee at District Public Health Center where school is located.</p> <p>Share all validated index case information and</p> <p>Forward written recommendations regarding limits of contact investigation and risk of transmission simultaneously to:</p> <ol style="list-style-type: none"> 1. PHNS/designee at District Public Health Center responsible for the school. 2. Area Medical Director (AMD), Chest Clinician, Nurse Manager, Public Health Nurse Supervisor (PHNS) and Public Health Nurse (PHN) responsible for the index case. <p>Send copy of written recommendations to the LAUSD CD Nurse, District Health Center Assistant Program Specialist (APS) and Area Medical Director.</p> <p>Request District PHNS/designee responsible to call LAUSD CD Nurse to discuss plan.</p>		XX	



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Notify both district PHNSs if the index case's district of residence is different than that of the school site's.			
<p>LAUSD CD Nurse will:</p> <p>Report any suspected or lab-confirmed TB Case to a Surveillance Unit APS at the TB Control Program (213) 744-6160.</p> <p>Report TB case and the initiation of contact investigation to Directors of (SMS) and (DNS) to determine need for further notification e.g., Board Informative.</p> <p>Contact school principal and nurse where TB suspect/case attends.</p> <ol style="list-style-type: none"> 1. Meet with principal and school nurse to discuss recommendations and plan of action. 2. Provide health education related to TB infection vs active TB disease, as indicated. <p>Send rosters for all classes and activities that the TB suspect or case participated in within 5 working days to the District Public Health Center responsible for the school.</p> <ol style="list-style-type: none"> 1. Rosters must: <ol style="list-style-type: none"> i. Include names, addresses, birthdates and phone numbers of students, employees and volunteers. ii. Indicate for each person, date(s)/results of any prior TB skin test(s) and/or chest radiograph(s), treatment for LTBI or TB disease documented in school health records. iii. Be received by the District Public Health Center <i>prior</i> to commencing contact investigation activities. <p>In consultation with the district public health center responsible for the school, set date for tuberculin skin test administration of contacts to TB suspect/case.</p> <p>Send letter to parents explaining need for tuberculin skin tests/contact investigation and obtain consents.</p>	XX		
<p>District Public Health Nursing will:</p> <p>Report any suspected or lab confirmed TB cases/suspects to Headquarters Surveillance Nursing, TB Control (213) 744-6160 and LAUSD CD Nurse (213) 763- 8381 or (213) 763-8374. (Do not report to the school nurse or principal) Refer all school phone calls to the LAUSD CD Nurse.</p>			XX



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<p>Determine the scope of the contact investigation per consensus decision of the AMD, Chest Clinician, PHNS, DPHN, and Health Center APS, TB Controller/designee (CHS Policy No. 105 & 201).</p> <p>Ensure completion of the contact investigation in consultation with the Lead AMD/PHNS/PHN, TB Controller/designee.</p> <p>Coordinate contact investigation activities with LAUSD CD Nurse and request outcome information from other Public Health Centers involved.</p> <p>Report large and/or potentially high-profile contact investigations to the TBC epidemiologist.</p>			XX

ACTION	LAUSD CD NURSE	DPH	
		TBC	District
RESPONSIBILITIES ON DAY OF TB SKIN TEST (TST) ADMINISTRATION			
<p>District Public Health Nursing will:</p> <p>Review CHS Policy No. 340; a child 12 yrs. or older may sign consent on H-304.</p> <p>Initiate a TB Screening Form (H-304) for each student, employee or volunteer receiving a TB Skin Test.</p> <p>Assist LAUSD CD Nurses as requested with TST administration; number of staff necessary to be determined by circumstances involved.</p> <p>Initiate H-304s for all students, employees and volunteers on the contact investigation roster who were not tested and refer to their district of residence.</p>			XX
<p>LAUSD CD Nurse will:</p> <p>Administer tuberculin skin tests via Mantoux method. PPD solution and syringes should be supplied by LAUSD.</p> <p>Provide a listing of contacts (students, employees and volunteers) who were absent the day of TST administration to the District PHN.</p> <p>Read and document TST results; provide explanation of results. Those with negative TST results can return to school.</p> <p>Refer students and volunteers with positive TST results to the district PHNs on site during the TST readings.</p> <p>Set up contingency plan with district PHN(s) for contacts who break TST reading appointment.</p> <p>Send list of any LAUSD employees with positive TST results to LAUSD Employee Health Services.</p>	XX		



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<p>District Public Health Nursing will: Assist LAUSD CD Nurse(s) with TST reading Counsel those with positive TST results regarding latent TB infection. Assess for symptoms of active TB disease. Determine risk factors and explain need for chest x-ray. Those with negative TST can return to school. **A child with a positive TST and no symptoms of TB can return to school conditionally for up to 20 school days while awaiting chest x-ray clearance. Complete H-304 TB Screening Form and H-2288 TB Screening History and Patient Information Form (PIF). Give chest x-ray appointment for those with positive TST.</p>			XX
<p>Set up contingency plan with LAUSD CD Nurse for contacts who break TST reading appointment (e.g., return the following day or refer to district of residence). Replace the PPD solution and syringes used by LAUSD on day of TST administration. Repeat screening may be done in 8-10 weeks if there are conversions or other evidence of recent TB transmission in high-risk school contacts from the initial TST screening.</p>			XX
RESPONSIBILITIES FOLLOWING THE TB SKIN TEST (TST) READING			
<p>District Public Health Nursing will: Send appointment letter for treatment of LTBI to TB skin test reactors. Disposition H-304(s). Send original H-304s to the TB Control Program. Ensure communication occurs between PHNSs if a contact lives in a district other than the school site's.</p>			XX
<p>General Contact Investigation Protocols: 1. Contacts who fail to show up for TST or TST reading may be excluded from school until test is complete.</p>	XX		XX



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<p>2. Contacts with a documented previous positive TST must be screened for symptoms of TB disease on the H-2288.</p> <ul style="list-style-type: none"> i. If symptomatic - they will need a chest x-ray. ii. Complete H-304 TB Screening Form and H-2288 TB Screening History and Patient Information Form (PIF). If asymptomatic and has completed an adequate course of LTBI therapy, no chest x-ray or further follow-up is necessary. iii. If asymptomatic and did not complete LTBI therapy, consult with the District Public Health Center chest clinician regarding need for chest x-ray. iv. If LTBI therapy desired or high number of converters identified, chest x-ray would be indicated. v. If asymptomatic and LTBI therapy not desired and TST conversions or other evidence of recent TB transmission is identified, a chest x-ray is indicated. 			XX
<p>3. TB Suspects/Cases must be excluded from school until clearance as "non infectious" is given by a Public Health Chest Clinician</p> <ul style="list-style-type: none"> i. Patients with only negative sputum smears must meet all of the following criteria: <ul style="list-style-type: none"> a) Have three (3) consecutive negative AFB sputum smear results from sputum collected on different days: AND b) Have completed a minimum of four (4) days of multi-drug anti-tuberculosis therapy (per CDHS/CTCA Guidelines 4/97); AND c) Have continued close medical supervision, including directly observed therapy (DOT) if 			

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<p>General Contact Investigation Protocol's cont':</p> <p>needed; AND</p> <p>d) Continues multi-drug therapy, even if another pulmonary process is diagnosed, pending negative final culture results from at least three (3) sputum specimens.</p> <p>ii. Patients with previously positive sputum smears must meet all of the following criteria:</p> <p>a) Have three (3) consecutive negative AFB sputum smear results from sputum collected on different days; AND</p> <p>b) Have completed at least two (2) weeks of multi-drug anti-tuberculosis therapy (per CDHS/CTCA Guidelines 4/97); AND</p> <p>c) Exhibit clinical improvement (e.g., reduction in fever and cough); AND</p> <p>d) Have continued close medical supervision, including directly observed therapy (DOT) if needed; AND</p> <p>e) Continues multi-drug therapy, even if another pulmonary process is diagnosed, pending negative final culture results from at least three (3) sputum specimens.</p>			XX


 Annette T. Nitta, MD, Director, Los Angeles County TB Control Program
 July 15, 2008


 Deborah Davenport, RN, MS, Director, Community Health Services
 7-15-2008

**DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH
COMMUNITY HEALTH SERVICES**

SUBJECT: TREATMENT OF MINORS POLICY NO. 340

PURPOSE: To define Community Health Services (CHS) policy with regard to provision of routine public health services to persons who are minors.

POLICY: Public Health Centers shall provide routine public health services to minors in compliance with DHS Policy No. 314.1 – Providing Care to Minors in the Absence of Parent or Legal Guardian.

The consent of a parent or guardian is necessary except under the following circumstances:

- Any minor who seeks treatment related to the prevention or treatment of pregnancy. (Civil Code Section 34.5)
- Any minor 12 years of age or who may have come in contact with any infectious, contagious, or communicable disease, if the condition is one which is required by law to be reported to the local health officer. (Civil Code Section 34.7)
- Any minor who has allegedly been sexually assaulted (Sections 34.8 and 34.9). In such cases, the professional person rendering treatment shall attempt to contact the parent or legal guardian, unless the professional person reasonably believes the parent or guardian committed the sexual assault.
- Any minor 12 years or older may consent to treatment or counseling related to diagnosis and treatment of a drug or alcohol related problem. The health care professional may involve the parent or guardian in the treatment plan. (Civil Code Section 34.10)

EFFECTIVE DATE: OCTOBER 30, 2002

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APPROVED: JAMES G. HAUGHTON, M.D. – Signature on File

DEPARTMENT OF HEALTH SERVICES
PUBLIC HEALTH
COMMUNITY HEALTH SERVICES

SUBJECT: AREA MEDICAL DIRECTOR AND POLICY NO. 201
COMMUNICABLE DISEASE CONTROL
IN HEALTH DISTRICTS

PURPOSE: To clarify the authority of the Area Medical Director in communicable disease control in DHS Public Health Districts.

POLICY: I. Public Health Nursing or Public Health Investigation (whichever discipline is assigned) will consult with the Area Medical Director for:

A. ACD CASES

1. Following initial investigation of:
 - sensitive occupation/situation.
 - diseases where prophylaxis may be considered for contacts.
2. Before investigation of uncommon/unusual reportable diseases.

B. TUBERCULOSIS CASES AND CONTACTS

When TB suspects/cases/contacts, public or private, are non-compliant with TB Control standards for evaluation, source case finding, treatment and follow-up, according to the time frame specified by TB Control (may be delegated to TB physician by the Area Medical Director).

C. SEXUALLY TRANSMITTED DISEASES

Non-compliant STD cases or contact to evaluate the need for legal action (may be delegated to the STD physician by the Area Medical Director).

EFFECTIVE DATE: 3/15/02

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APPROVED: James G. Haughton, M.D. – Signature on file