

CBHS Policies and Procedures



City and County of San Francisco
Department of Public Health
Community Programs
COMMUNITY BEHAVIORAL HEALTH
SERVICES

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POLICY/PROCEDURE REGARDING: Tuberculosis Screening & Testing for Residential Programs

Issued By: Irene Sung M.D.
Interim Director of Community Behavioral Health Services

A handwritten signature in black ink, appearing to read "Irene Sung".

Manual Number: 3.02-12
References:

Date: March 14, 2019

New Policy: Technical revision of policy manual number 3.02.-12
Dec 10, 2010

Purpose:

Standardize Tuberculosis Screening and Testing in Residential Programs

Scope:

This policy is applicable to all funded Mental Health and Substance Abuse Residential Facilities

Policy:

This policy applies to all Clients receiving Mental Health or Substance Abuse services in a residential setting facility funded by the San Francisco Department of Public Health Community Behavioral Health Services, and applies to clients which stay will be for more than 3 days (cumulative within a 30-day period). The following tuberculosis screening and evaluation protocol will be required upon entering the program/facility within ten (10) working days.

PROTOCOL:

All clients should be screened for tuberculosis infection upon entering a residential facility and routinely thereafter. Screening includes a Tuberculin Skin Test (TST) or Quantiferon®-TB blood test (QFT), symptom review and a history of TB treatment and diagnosis. Documentation of prior TST results should be obtained whenever possible. *In addition, a baseline CXR (within one month prior to enrollment) is required for all newly enrolled HIV+ clients regardless of prior or current TST results.*

I. Initial Screening for New Clients

- Symptom review: chronic cough (>3 weeks), weight loss, night sweats, fever, hemoptysis

- History of prior TB disease and treatment for active or latent TB infection
- TST or QFT Testing
- If the client is known HIV+ (regardless of skin/blood test result) or the client has symptoms of TB or has A TST \geq 10mm or a + OFT result, the following is required:

- CXR
- Medical evaluation

All clients with a negative initial TST or QFT will require routine repeat TSTs or QFTs, and TB symptom review annually. The following types of clients require specific evaluations:

| Client Type | Treatment Status/History | Evaluation Required |
|-------------------------------------|----------------------------------|---|
| TST or QFT- and HIV- or HIV unknown | No prior treatment | Annual TST/QFT Annual symptom review |
| TST or QFT- and HIV+ | No prior treatment | Annual TST/QFT Biannual symptom review |
| | | |
| TST or QFT+ and HIV- or HIV unknown | Completed preventive treatment | Annual symptom review |
| TST or QFT+ and HIV- or HIV unknown | No prior or incomplete treatment | Annual symptom review and medical risk assessment for diabetes, cancer, immune modulating medication intake, end-stage renal disease and HIV. If new risk present, repeat chest x-ray annually if patient remains untreated |
| TST or QFT+ and HIV+ | Completed preventive treatment | Annual symptom review |
| TST or QFT+ and HIV+ | No prior or incomplete treatment | Must be evaluated for treatment Biannual symptom review Annual CXR (if treatment contraindicated) |

Contact Person: BH Nursing Director, 415-255-3475; Business Office-Contractor Compliance Unit Manager, 415-255-3752

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