

The purpose of this document is to provide authority for specific acts of tuberculosis (TB) clinical services under authority of Rule Title 22, Texas Administrative Code §193.2, Standing Delegation Orders.

Standing delegation orders (SDOs) and standing medical orders (SMOs) are written instructions, orders, rules, regulations or procedures prepared by a physician. SDOs provide authority and a plan for use with patients presenting themselves prior to being examined or evaluated by a physician. SMOs provide authority and direction for the performance of certain prescribed acts for patients which have been examined or evaluated by a physician. SDOs and SMOs are distinct from specific orders written for a particular patient.

The intended audience for these orders is non-licensed staff working in Texas Department of State Health Services (DSHS) Health Service Regions (HSRs).

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Standing Delegation Orders

A. Method Used for Development, Approval and Revision

This SDO and the relevant attachments shall be:

1. Developed by the TB SDO Revision Workgroup and the TB and Refugee Health Services Branch.
2. Reviewed and signed at least annually by the authorizing physician, a physician licensed by the Texas Medical Board who executes this SDO.

3. Revised as necessary by the TB SDO Revision Workgroup, the DSHS Infectious Diseases Medical Officer, the Regional Medical Directors, and/or the TB and Refugee Health Services Branch.

B. Level of Experience, Training, Competence, and Education Required

To carry out acts under this SDO, authorized non-licensed staff (NLS) must:

1. Be an employee or contractor of the Texas Department of State Health Services.
2. Have reviewed, are familiar with, and able to readily access the recommendations within the regional TB policies and procedures relevant to TB sputum specimen collection, packaging, and shipping.
3. Have undergone the following initial or continuing evaluation of competence relevant to TB sputum collection services within 12 months prior to the date that services are provided under this SDO:
 - Initial evaluation of competence is performed by the NLS's supervisor and consists of education and training, approved by the regional TB program manager, relevant to the delivery of TB sputum collection services. If the NLS's supervisor is not a licensed clinician, a licensed nurse or authorizing physician responsible to oversee the clinical acts of the NLS shall be responsible for the observation of the required clinical skills. This training and evaluation of competence must occur before TB sputum collection services are provided.
 - Continuing evaluation of competence is performed annually by the NLS's supervisor, or clinical designee, and consists of knowledge and skills training relevant to the delivery of sputum collection services, as approved by the regional TB program manager.
4. Have reviewed and signed this SDO (ATTACHMENT 1) within 12 months prior to providing services under this SDO.

C. Method of Maintaining a Written Record of Authorized Non-Licensed Staff

A record of the authorized non-licensed staff that completes the required training and demonstrated competence shall be documented and maintained by the NLS's supervisor in the Health Service Regional office.

D. Authorized Delegated Acts

Authorized non-licensed staff may provide TB sputum collection services under this SDO to clients who are suspected of having, or confirmed to have, TB infection or TB disease, or are a contact to a confirmed or suspected TB disease case.

It is the intent of all parties that the acts performed under this SDO shall be in compliance with the Texas Medical Practice Act, the Texas Nursing Practice Act, and the rules promulgated under those Acts.

E. Procedures and Requirements to be followed by Authorized Non-Licensed Staff

1. Adhere to all TB infection control precautions when participating in TB sputum collection procedures.
2. Utilize interpreter services to facilitate client and staff communication as it relates to limited English proficient (LEP) clients.
3. Ensure, to the extent possible, that the client seen for TB sputum collection services is, in fact, who the person claims to be.
4. Ensure that the client's consent and signature has been obtained.
5. Verify the TB sputum collection order.
6. Explain the TB sputum collection process. Discuss with the client the risks and benefits of sputum collection. Provide the opportunity for the client to ask questions. If the client has questions you cannot answer, contact the supervisor or the nurse responsible for management of the TB client for instructions.
7. Gather the required supplies and prepare to collect the sputum sample(s):
 - a. Label innermost tube with patient name and date of birth before obtaining TB sputum specimens and before giving container(s) to the client for home sample collection.
 - b. Provide the following instructions to the client:
 - Rinse mouth well with water to avoid contamination with food particles and mouth bacteria. Ideally, TB sputum specimen collection should occur before eating.
 - Inhale deeply two to three times, breathe out hard each time.
 - Cough deeply from the chest. A deeply coughed specimen is required (not saliva or nasal secretions).
 - Place the open container close to the mouth to collect the TB sputum specimen. The ideal specimen size is 5 to 10 mL, but 3 to 15ml is acceptable.
 - Avoid contaminating the inside of the container and lid by contact with the mouth or hand.
 - Close lid tightly and place into the TB sputum specimen bag.
 - If client will collect TB sputum specimens at home, instruct client to store the TB sputum specimen(s) in refrigerator until transported to clinic as soon as possible or mailed directly to the laboratory.
 - If the client is unable to produce an early morning sputum, suggest that he/she

stand or sit in a steamy environment for 15 minutes after running hot water in the shower, if possible.

8. Supervise at least one (ideally the first) TB sputum collection to document that the client demonstrates the correct technique.
 - The first TB sputum specimen can be collected “on-the-spot” at the first client encounter.
 - Three TB sputum samples should be collected at least eight hours apart.
9. If the client is unable to produce an acceptable TB sputum specimen, follow the procedure for TB sputum induction (as outlined in ATTACHMENT 2), if resources are available.
10. Once a TB sputum specimen is obtained, label and package the TB sputum specimen correctly and legibly, according to laboratory requirements. Submit the TB sputum specimen to an approved laboratory for processing, according to laboratory submission guidelines.
 - TB sputum specimens must be packed in triple containment with sufficient absorbent material enclosed to absorb the entire volume of liquid. The container used *must* meet current DOT and USPS regulations.
 - Complete the lab requisition, G2B.
 - If the TB sputum specimen cannot be delivered to the laboratory within 1 hour of collection, the specimen must be refrigerated. Ship the refrigerated TB sputum specimen to the laboratory as soon as possible.

F. Client Record-Keeping Requirements

TB forms available at: <http://www.texas.tb.org/forms/#clinic>

Authorized non-licensed staff must accurately and completely report and document each delegated act in a medical record prepared in accordance with DSHS policy and regional procedures, which will include:

1. The client’s name, address, date of birth.
2. An accurate and detailed description of the delegated activities rendered on each medical visit and the names of personnel involved in evaluation and treatment at each visit.
3. Actions carried out under these standing orders.
4. Any additional physician orders.
5. Client response(s), if any.
6. Contacts with other health care team members concerning significant events regarding client’s status.
7. Documentation that the appropriate forms are completed and included in the medical

record and copies, when applicable, are provided to the client.

G. Scope of Supervision Required

This SDO gives the authorized non-licensed staff authority to perform the acts described in this SDO in consultation with the authorizing physician as needed.

H. Specialized Circumstances to Immediately Communicate with the Authorizing Physician

Specific indications the authorized non-licensed staff providing services under this SDO should immediately contact the physician by phone include, but are not limited to, when medical direction or consultation is needed.

In an emergency situation, the authorized non-licensed staff is to call 911, provide care according to his or her skills and ability, and contact the supervisor, the nurse responsible for management of the TB client, or the physician for instructions by phone as soon as possible.

I. Limitations on Setting

Authorized non-licensed staff can provide services under these standing orders in the clinic setting, in the client’s home, or other field settings when the authorizing physician can be contacted by phone.

J. Date and Signature of the Authorizing Physician

This SDO shall become effective on the date that it is signed by the authorizing physician, below, and will remain in effect until it is either rescinded, upon a change in the authorizing physician, or at the end of business on the last day of the current DSHS fiscal year (August 31, 2015), whichever is earlier.

Authorizing Physician’s Signature: _____

Authorizing Physician’s Title: _____

Printed Name: _____

Effective Date: _____

Emergency Contact Information: _____

ATTACHMENT 1: *Attestation of Authorized Non-Licensed Staff*

I, _____ have:
printed name of authorized non-licensed staff

Read and understand the *DSHS Standing Delegation Orders/Standing Medical Orders: TB Sputum Collection Services Provided by Non-Licensed Staff, FY2014-15* (“SDO”) that was signed by

Dr. _____ on _____.
printed name of authorizing physician date of authorizing physician’s signature

- I agree that I meet all qualifications for authorized non-licensed staff outlined in the SDO.
- I agree to follow all instructions outlined in the SDO.

Signature of Authorized Non-Licensed Staff

Date

ATTACHMENT 2: *TB Sputum Induction Procedure*

1. Obtain and assemble nebulizer tubing kit.
2. Attach one end of air tubing to compressor unit and other end to the nebulizer medication cup outlet.
3. With machine turned off, prepare the nebulizer equipment as per package instructions. Add approximately 3 mL of sterile 0.9% Sodium Chloride (NaCl) solution to the nebulizer medication cup.
4. Instruct client to close lips around mouthpiece and to breathe in and out slowly and deeply on the mouthpiece.
5. Turn compressor on and place mouthpiece into patient's mouth.
6. Encourage cough if no spontaneous coughing occurs.
7. Continue procedure until cough is stimulated, adding more sterile 0.9% Sodium Chloride (NaCl) solution as needed.
8. When a cough is stimulated, encourage its repetition several times to obtain an adequate specimen (at least 5ml).
9. Upon completion, turn off the nebulizer.
10. Label and package the TB sputum specimen correctly and legibly. Mark lab requisition as "induced specimen".
11. Disassemble mouthpiece and disinfect nebulizer according to manufacturer instructions.