



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Correctional Tuberculosis Screening Plan Instructions

The Correctional Tuberculosis (TB) Screening Plan (Publication # TB-805) is designed for jails and community corrections facilities which meet Texas Health and Safety Code Chapter 89 criteria and fall under the purview of the Texas Department of State Health Services (DSHS) (Texas Health and Safety Code, Chapter 89, Subchapter A, Section 89.002 and Subchapter E, Section 89.101).

Texas Administrative Code, Rule §97.190 requires Chapter 89 facilities to submit the Correctional Tuberculosis Screening Plan and to obtain approval from DSHS prior to the adoption of jail standards (Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter H, Rule §97.190).

WHAT IS THE PURPOSE OF THIS FORM?

The purpose of the Correctional Tuberculosis Screening Plan is to provide a framework for the implementation and monitoring of legally required TB prevention and care standards for Chapter 89 correctional facilities.

TB is a deadly disease caused by bacteria spread through the air from person to person. TB is more common in correctional facilities due to factors favorable to transmission. These factors include close living quarters, and poor air circulation, combined with a higher proportion of persons with medical conditions associated with increased risk of TB disease progression after infection (i.e. HIV).

Due to the public health risk TB in correctional facilities presents, counties, judicial districts, and private entities operating Chapter 89 facilities must adopt local standards for TB prevention and care. These standards must be compatible or at least as stringent as the standards set out in Texas Health and Safety Code Chapter 89 and Texas Administrative Code Chapter 97, Subchapter H.

WHO MUST COMPLETE THIS FORM?

Jail or community corrections facilities meeting the following criteria must complete this form.

- 1) A capacity of 100 beds or more;
- 2) Houses inmates transferred from a county that has a jail with a capacity of at least 100 beds; **or**
- 3) Houses inmates transferred from another state (Texas Health and Safety Code, Chapter 89, Subchapter A, Section 89.002).

WHEN TO COMPLETE THIS FORM?

Chapter 89 facilities must complete this form annually prior to the adoption of local jail standards.

The Plan expires 12 months after DSHS' approval date. To allow sufficient time for DSHS' review and approval before the plan expires, a new plan must be submitted 90 days before the expiration date.

WHERE TO SEND THE FORM?

Plans must be completed, signed, and mailed to:

Texas Department of State Health Services
Tuberculosis and Hansen's disease Branch
PO Box 149347, MC 1939
Austin TX 78714-9347

DEFINITIONS

Airborne infection isolation room (AIIR). Formerly, negative pressure isolation room, an AIIR is a single-occupancy patient-care room used to isolate persons with a suspected or confirmed airborne infectious disease. Environmental factors are controlled in AIIRs to minimize the transmission of infectious agents that are usually transmitted from person to person by droplet nuclei associated with coughing or aerosolization of contaminated fluids. AIIRs should provide negative pressure in the room (so that air flows under the door gap into the room); and an air flow rate of 6-12 air changes per hour (ACH) (6 ACH for existing structures, 12 ACH for new construction or renovation); and direct exhaust of air from the room to the outside of the building or recirculation of air through a high-efficiency particulate air (HEPA) filter before returning to circulation (MMWR 2005; 54 [RR-17]).

Chapter 89 Facility: A jail or community corrections facility that meets the Texas Health and Safety Code Chapter 89 criteria that has:

- 1) A capacity of 100 beds or more;
- 2) Houses inmates transferred from a county that has a jail with a capacity of at least 100 beds; or
- 3) Houses inmates transferred from another state (Texas Health and Safety Code, Chapter 89, Section 89.002).

Community Correction Facility: A facility established under *Texas Government Code Chapter 509* that is usually administered by a community supervision and corrections department, and is established by a district judge or a vendor under contract for the purpose of treating persons placed on community supervision or participating in a drug court program. This type of facility provides services and programs to modify criminal behavior, deter criminal activity, protect the public, and restore victims of crime. It includes restitution centers, court residential treatment facilities, custody facilities or boot camps, facilities for offenders with a mental impairment, and intermediate sanction facilities.

Facility: A jail, prison, or other detention area, including the buildings and site.

Facility TB Risk Assessment: A worksheet designed to assist correctional facilities in performing a TB risk assessment. Each facility should perform an initial baseline TB risk assessment followed by annual re-assessments. See "Tuberculosis Risk Assessment for Correctional Facilities" (Publication # TB-800) at www.texas.tb.org/forms/default.asp#jails.

Inmate: A person confined to an institution. For the purposes of this document, the term “inmate” is used to refer to any person in custody, including detainees and residents of community correction facility under court order.

Interferon-Gamma Release Assays (IGRA): TB blood tests used to detect TB infection. Two IGRAs have been approved by the U.S. Food and Drug Administration (FDA): QuantiFERON®-TB Gold In-Tube test (QFT-GIT) and T-SPOT®.TB test (T-Spot). They do not differentiate TB infection from TB disease. An IGRA test can be done instead of a Tuberculin Skin Test (TST).

Jail: A confinement facility intended for adults usually administered by a local law enforcement agency or a vendor under contract which holds persons who have been charged but not convicted of a crime and persons committed after adjudication, typically for sentences of one (1) year or less and could be also called a county jail. It may hold inmates in the custody of another correctional institution pending transfer to a state or federal prison.

Latent TB infection: A person who is infected with *M. tuberculosis*, but does not have TB disease is considered to have a latent TB infection. Persons with latent TB infection do not feel sick and do not have any symptoms. The only sign of TB infection is a positive reaction to the tuberculin skin test or TB blood test. Persons with latent TB infection are not infectious and cannot spread TB infection to others.

Purview: The scope of authority, competence, and responsibility granted to DSHS by state law.

Tuberculin Skin Test (TST): A common type of test for TB infection. It is also known as Mantoux test or Mendel-Mantoux test, tuberculin sensitivity test, or purified protein derivative (PPD) test. The TST involves injecting a very small amount of a substance called tuberculin PPD under the top layer of the skin. After 48-72 hours, the test site will be examined for evidence of swelling, an immune response for persons exposed to TB.

INSTRUCTIONS

Follow these instructions carefully to expedite your plan's approval and avoid rejections. If you need assistance filling out this plan, contact DSHS Tuberculosis and Hansen's Disease Branch at (512) 533-3000 or CongregateSettings@dshs.texas.gov.

- Type or print neatly in black ink.
- Completely fill out all sections of the plan.
- Do not leave questions blank, write N/A if needed.
- Do not use correction fluid or try to erase a mistake. Use of correction fluid will result in your plan being returned. Write a new plan (preferred method) or line through the incorrect information (make sure the information can still be read) and initial the change.
- Attach a separate sheet with additional information if necessary, specify the section and question number (e.g. B13)
- Attach all applicable supporting documentation requested.
 - TB portion of the facility's infection control plan (question B19)
 - Facility TB Risk Assessment for the past calendar year (question B20)
 - Medical service provider contract (question B25)
 - Facility's TB symptom screening form (question C4)
 - Forms used to transfer inmate records (question C11)

Section A Contact Information

A1	Facility Name	Enter the name of the facility completing the TB screening plan. Do not use abbreviations or acronyms. Do not include the name of the company serving as the facility operator.
A2	Physical Address	Provide the physical location of the facility. Do not provide a P.O. Box
A3	Mailing Address	Enter the mailing address <i>only if different</i> from the physical address in A2 above. Otherwise enter N/A.
A4	Jail Administrator's Name	Enter the full name of the facility's current jail administrator.
A5	Phone Number	Enter the telephone number for the jail administrator including area code, and, if applicable, extension number.
A6	Fax Number	Enter the fax number for the jail administrator including area code.
A7	Email Address	Enter the email address for the jail administrator.
A8	Title	Enter the title of the jail administrator, e.g. Warden, Captain, etc.
A9	Medical Director	Enter the contact information for the medical director. This should include full name, medical credential, telephone number, and physical address. Information must be complete.
A10	Is the Contact Person the same as the Jail Administrator?	Mark "YES" if the contact person is the same as the Jail Administrator and "NO" if the contact person is different from the jail administrator.
A11	Contact Person if different from Jail Administrator	Mark N/A if the contact person is the same as the jail administrator. If the contact person is different than the jail administrator enter the name, telephone number, email address, and full honorific or title of the contact person.

Section B Facility Information

B1	Facility Operated By:	Select either "County" if operated by the county or "Private" if the facility is privately owned or contracted with a private company. Note: "Other" may include a city correctional facility like a Law Enforcement Center (LEC).
B2	Name of the Operating Agency/Company	Enter the name of the agency/company that is responsible for the <u>daily operations</u> of the jail.
B3	Facility Accreditation/Certification	A facility may be accredited or certified by one of the following: American Correctional Association (ACA); National Commission on Correctional Health Care (NCCHC); Joint Commission, Texas Commission on Jail Standards (TCJS). If you check the "Other" box, provide the name of the institution. A facility is not required to be accredited or certified as part of their approval status.

B4	Total Number of Employees	Enter the total number of employees at the facility at the time the plan was prepared. This is the number of employees that are required to be tested for employment purposes.
B5	TCJS Bed Capacity	Enter the maximum number of inmates for which you have been approved as stated by the Texas Commission on Jail Standards (TCJS). This is also known as the number of beds in the facility. Bed capacity must match the Texas Commission on Jail Standards records. Visit tcjs.state.tx.us/docs/AbbreRptCurrent.pdf
B6	Current Population	Enter the number of inmates housed at the facility at the time of completing the plan.
B7	Total number of inmate admissions in the past calendar year	Enter the total number of inmate admissions during the past calendar year.
B8	Average daily population in the past calendar year	Calculate and enter the average daily population in the past calendar year.
B9	Which category of inmate is your facility authorized to hold?	Enter the type of federal inmates that you have a contract to house. Enter the names of the states and counties with which you have a contract to house their inmates. Note: Inmates picked up on warrants should not be included in this section.
B10	Does the facility maintain a health care team?	Mark "YES" if the facility maintains a health care team and "NO" if the facility does not.
B11	Number and credentials of health care staff at the facility.	Enter the number of health care staff at the facility by type of credentials e.g. RN-1, LVN-2, etc.
B12	Number and credentials of staff trained on TB symptom screening.	Enter the number and credentials of all staff trained to screen inmates for TB symptoms e.g. RN-1, LVN-2.
B13	List the names and credentials of all staff the medical director has authorized to administer, read, and interpret the TB skin tests.	Enter the names and credentials of all staff that have been authorized by the medical director to place the TB skin test, read the test 48-72 hours after placing the test, and interpret the result as either positive or negative based on the millimeter reading. Attach a separate sheet if necessary.
B14	Types of TB tests performed at facility	Mark the types of TB tests performed at your facility. Select all that apply. TB tests include the two TB blood or IGRA tests (also known as QuantiFERON-TB Gold (QFT) and T-Spot), and the tuberculin skin test (TST). Here "IGRA" stands for Interferon-Gamma Release Assays test.
B15	Are chest x-rays done at your facility? YES or NO. If NO, where are they done?	Answer "YES" or "NO" by checking the relevant box to indicate if chest x-rays are done at your facility. If "NO", enter the name of the chest x-rays provider, the provider's telephone number, and the physical address where the chest x-ray will be done.

B16	Are chest x-rays interpreted by the same x-ray facility listed above? YES or NO. If NO, who interprets the chest x-rays?	Answer "YES" or "NO" by checking the relevant box to indicate if chest x-rays are interpreted by the same x-ray facility listed in B15. If "NO", enter the name, telephone number, and physical address of the person or organization that will interpret the chest x-rays.
B17	In the event of a hurricane (or other natural or man-made disaster), do you have a written evacuation plan on file?	Answer "YES" or "NO" by checking the relevant box to indicate if your facility has an evacuation plan. Answer "YES" or "NO" by checking the relevant box to indicate if you will relocate in the event of a disaster. Enter the name of the location where inmates will be relocated to.
B18	Is the TB Infection Control person the same as the Contact Person listed in Section A	Answer "YES" or "NO" by checking the relevant box to indicate if the TB Infection Control person is the same as the Contact Person listed in Section A11. If "NO", enter the name, job title, and telephone number of the person who oversees TB control in the facility.
B19	Does your facility have an infection control plan?	Answer "YES" or "NO" by checking the relevant box. If "YES", attach a copy of the TB portion of the infection control plan.
B20	Has a <i>Facility TB Risk Assessment</i> been conducted in the past calendar year?	Answer "YES" or "NO" by checking the relevant box to indicate if you did a <i>Facility TB Risk Assessment</i> in the past calendar year. If "YES", attach a copy of the assessment. You may download the "Tuberculosis Risk Assessment for Correctional Facilities" (Publication # TB-800) at www.texas.tb.org/forms/default.asp#jails
B21	Does your facility have airborne infection isolation rooms (AIIR)?	Answer "YES" or "NO" by checking the relevant box to indicate if you have airborne infection isolation rooms (AIIR) also known as negative air pressure rooms in your facility. If "YES", indicate the number of individual rooms. Note: Refer to the definition of AIIR in this document. Segregation or separation rooms without appropriate environmental controls are NOT AIIRs.
B22	If your facility has fewer than two AIIRs, where will an inmate with symptoms suggestive of TB be isolated?	Enter the name of the hospital/facility where you will transfer your inmates that need respiratory isolation if your facility has fewer than two AIIRs.
B23	Are AIIRs routinely inspected and maintained?	Answer "YES", "NO", or "N/A" by checking the relevant box. Note: Procedures for routine inspection and maintenance of AIIRs should be implemented. This is essential to ensure that staff will be alerted if the controls fail and will protect staff and inmates from airborne infectious diseases.
B24	What is the name and title of the facility person who contacts the local (or regional) health	Enter the name, title, and telephone number of the person who is responsible for contacting the local (or regional) health department about TB cases and suspects in your facility.

	department about TB suspect and/or case in custody?	
B25	Who provides medical care for inmates?	Select the type of facility where the medical provider is based. Enter the name of the medical provider and indicate whether or not the facility has a contract with this provider. If "YES", provide a copy of the contract.
B26	Who supplies TB testing materials for inmates?	Select the type of agency that provides TB testing materials. If "Other" is selected please specify. Enter the name of the agency or organization that provides the testing material to your facility. Do not use acronyms.
B27	Provide name, mailing address, and telephone number of the local (or regional) Health Department and the name of the contact person.	Enter the name, address and contact information for the local or regional health department in your facility's county. Note: Ensure this information is current. If needed, contact the health department to verify this information.
B28	What TB services, if any, does your local (or regional) health department provide to your facility?	Enter the services provided by the local or regional health department. If "other" is checked, specify the type of service provided. Select all services that apply.

Section C Inmate Screening

C1	On which days and shifts are tuberculin skin tests or IGRA administered?	Enter the days of the week and the hours of the shifts when this service is provided.
C2	How soon after incarceration are inmates given a tuberculin skin test or IGRA?	Indicate within how many hours or days the test are administered. Per Texas Administrative Code Title 25, Part 1, Chapter 97, Subchapter H: Inmates must be tested on or before the seventh day of incarceration and at least annually thereafter. Correctional facilities may elect to perform chest x-rays on inmates on intake instead of a skin test screening program; however, use of chest x-ray screening method on intake must be followed by testing for TB infection within 14 days.
C3	How long after placing the skin test is it read?	Indicate within how many hours or how many days skin tests are read after they are placed. Per Texas Administrative Code Title 25, Part 1, Chapter 97, Subchapter H: Skin tests should be read within 48 to 72 hours or within 2 to 3 days after placed.
C4	Are symptom screens conducted?	Answer "YES" or "NO" by checking the relevant box. Attach a copy of the form your facility uses for symptom screening. If "YES", enter when you screen your inmates for TB symptoms.

C5	For inmates with newly positive IGRA/TB skin tests results, when are chest x-rays done?	Indicate in what time frame chest x-rays are done.
C6	Do you offer treatment for latent TB infection?	Indicate whether you offer treatment for latent TB infection. Note: Refer to the definition of latent TB infection in this document. All correctional facility staff and inmates should be considered for treatment if infected. Decisions to initiate treatment for TB infection should be based on the person's risk for progressing to TB disease, and the likelihood of continuing and completing treatment if released from the facility before the treatment regimen is completed.
C7	When do annual screenings of long term inmates take place?	Indicate at what intervals you screen your long-term inmates for TB. If other please specify.
C8	Do you have a TB discharge plan for inmates scheduled for release into the community?	Answer "YES" or "NO" by checking the relevant box. <u>Per Texas Administrative Code Title 25, Part 1, Chapter 97, Subchapter H:</u> A correctional facility regardless of size that houses adult or youth inmates must assure continuity of care for those inmates receiving treatment for tuberculosis who are being released or transferred to another correctional facility. A facility must contact the department prior to the inmate being released or transferred, if possible. If that is not possible, the facility must make the contact immediately upon the inmate's release from custody or transfer to another correctional facility.
C9	Who maintains inmate screening records?	Enter the name and telephone number of the person who is responsible for maintaining the inmate screening records at the facilities.
C10	Who is responsible for sending transfer records to TDCJ or other correctional facilities on inmates with TB?	Enter the name and telephone number of the person who is responsible for ensuring the records of transferred inmates are sent to TDCJ or other correctional facilities.
C11	Which form(s) are used to transfer inmate records? Check all that apply.	Enter the forms used in transferring the records of inmates and attach a copy to the complete screening plan. Check all that apply.

Section D Employee Screening

D1	When do initial employee screenings take place?	Enter when initial employee screenings are done at your facility. <u>Per Texas Administrative Code Title 25, Part 1, Chapter 97, Subchapter H:</u> Employees who share the same air with inmates must be screened at time of employment and at least annually thereafter.
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D2	When do annual employee screenings take place?	Enter when annual employee screenings take place at your facility.
D3	If an employee has a positive reaction (10 mm or greater), a chest x-ray and medical evaluation must be done. The employee must provide a physician certification indicating "no active disease." How many days are allowed for the employee to submit this certification?	Enter the number of days allowed by the facility for employees to produce a physician certificate.
D4	Who is responsible for keeping employee certificate records?	Enter the name and telephone number of the person responsible for keeping these records.

Section E Volunteer Screening

E1	Do volunteers provide services in your facility?	Answer "YES" or "NO" by checking the relevant box.
E2	When do initial volunteer screenings take place?	Enter when initial screenings are done for new volunteers.
E3	When do annual screenings take place?	Enter when annual volunteer screenings take place.
E4	Who is responsible for receiving the physician certifications and monitoring TB screening?	Enter the name and telephone of the person responsible for monitoring the volunteer screening process.

Section F Additional Sites

F1	Does your facility have additional sites?	Answer "YES" or "NO" by checking the relevant box. If "YES", enter the name and location of any additional facilities operated by you.
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Section G Plan Submission and Acknowledgement

	Submission Type	Indicate if you are submitting an annual plan or an amended plan by checking the appropriate box. An annual plan submission must be filled out in full and include ALL applicable supporting documentation. An amended plan submission must be filled out in full and must reflect any administrative or operational changes in your facility that negate information provided on the annual plan. Amended plans include only supporting documentation which have changed since your annual plan submission.
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	Plan Signature	This section to be signed and dated by the jail administrator. Enter the date that the plan is submitted to the Correctional TB Program.
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Section H Approval		
	Mail your plan	Mail the completed, signed, and dated plan to the address listed in this section.
	DSHS Office Use Only	<p>Do not write in this section. It is for DSHS use only. Make note of following important dates provided in this section:</p> <p>Approval Date: Date the authorized DSHS official signs, approving the Correctional TB Screening Plan.</p> <p>Effective Date: Date the approved Correctional TB Screening Plan goes in effect.</p> <p>Expiration Date: Date the approved plan expires (one year from the plan effective date). Jails with an expired plan will fail the Texas Commission of Jail Standard inspection. You must submit next year's jail plan 90 days prior to this date to ensure timely review and approval.</p>

REFERENCES

Texas Tuberculosis Code, Health and Safety Code, Chapter 13, Subchapter B
statutes.legis.state.tx.us/Docs/HS/htm/HS.13.htm

Communicable Disease Prevention and Control Act, Health and Safety Code,
Chapter 81
statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm

Screening and Treatment for Tuberculosis in Jails and Other Correctional
Facilities, Health and Safety Code, Chapter 89
statutes.legis.state.tx.us/Docs/HS/htm/HS.89.htm

Texas Administrative Code TAC, Title 25, Part 1, Chapter 97, Subchapter A,
Control of Communicable Diseases
[texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=97&sch=A&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=97&sch=A&rl=Y)

Texas Administrative Code TAC, Title 25, Part 1, Chapter 97, Subchapter H,
Tuberculosis Screening for Jails and Other Correctional Facilities
[texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=97&sch=H&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=25&pt=1&ch=97&sch=H&rl=Y)

Texas Tuberculosis Standards for Correctional and Detention Facilities. Texas
Department of State Health Services. Pending Publication

Texas Department of State Health Service- Tuberculosis (TB) website.
dshs.texas.gov/disease/tb/