

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Management of Offenders with Active or Suspected Tuberculosis

Policy Number: 507.04.54

Effective Date: 2/22/2022

Page Number: 1 of 6

Authority:
Commissioner

Originating Division:
Health Services Division
(Physical Health)

Access Listing:
Level II: Required Offender
Access

I. Introduction and Summary:

This policy addresses the handling, evaluation, and treatment of Georgia Department of Corrections (GDC) offenders with suspected or active Tuberculosis. These offenders will be separated from the general population, evaluated, and provided appropriate treatment as medically indicated. This policy is applicable to all facilities that house GDC offenders including private and county prisons.

II. Authority:

- A. O.C.G.A. § 42-1-6;
- B. GDC Standard Operating Procedures (SOPs): 103.63 Americans with Disabilities Act (ADA), Title II Provisions, 507.04.38 First Aid and Personal Protective Equipment Kits, 507.04.52 Patient Transport, and 507.04.53 Transporting Offenders with Infectious Diseases;
- C. NCCHC 2018 Adult Standards: P-E-02, P-G-01, and P-G-03;
- D. Clinical Update (CU-04-01): Management of Offenders with Latent TB Infection; and;
- E. ACA Standards: 5-ACI-6A-12 (Mandatory), 5-ACI-6A-14 (Mandatory), and 4-ALDF-4C-15.

III. Definitions:

- A. **Occupational Safety and Health Administration (OSHA) Approved Mask** - A Mask that has been demonstrated to reduce the risk of transmission of the TB germ such as particulate respirator Mask. (e.g., N-95)
- B. **Close Contacts** - Persons who sleep, live, work, or otherwise share air with an infectious person through a common ventilation system.

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Management of Offenders with Active or Suspected Tuberculosis

Policy Number: 507.04.54

Effective Date: 2/22/2022

Page Number: 2 of 6

Authority:
Commissioner

Originating Division:
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Level II: Required Offender
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- C. **Airborne Infection Isolation Room** - A specially ventilated room under negative pressure causing air to flow into the room from adjacent areas. The air is then exhausted outdoors and not back into common airspace shared by others.
- D. **Respiratory Precautions** - Measures taken to prevent the spread of airborne diseases. Wearing an approved Mask during infectious periods and instructing the patient to cover the mouth when coughing, sneezing, laughing, etc.
- E. **Tuberculosis (TB)** - A disease usually of the lungs caused by a germ called Mycobacterium Tuberculosis. It is highly infectious and spread by airborne droplets coughed up by an individual with untreated TB.
- F. **Latent Tuberculosis Infection** - Having the TB germ but not active Tuberculosis. These individuals have come in contact with someone who has the active disease and inhaled the germ. These people will usually have a positive TB skin test but are not infectious themselves.

IV. Statement of Policy and Applicable Procedures:

- A. If, following an appropriate evaluation by a health care provider, an offender is suspected of having active pulmonary Tuberculosis (TB); the following measures will be taken:
 - 1. Identification and Isolation:
 - a. The offender will be given a Mask and instructed in its use and the importance of keeping it on at all times. The offender will be immediately separated from the general population and isolated in a properly ventilated room if available or outside if no room is available, until transportation arrangements are made to Augusta State Medical Prison (ASMP). The offender should not be moved to another housing area. Only Airborne Infection Isolation Rooms would be acceptable.
 - b. Arrangements will be made to immediately transport the offender to ASMP. If an Airborne Infection Isolation Room is not available at ASMP,

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Management of Offenders with Active or Suspected Tuberculosis

Policy Number: 507.04.54

Effective Date: 2/22/2022

Page Number: 3 of 6

Authority:
Commissioner

Originating Division:
Health Services Division
(Physical Health)

Access Listing:
Level II: Required Offender
Access

arrangements will be made to transport the offender to a local hospital with appropriate treatment capabilities.

2. Notification/Reporting:

- a. The Responsible Health Authority at the facility will notify the Warden/Superintendent of the identified TB suspect. The Responsible Health Authority will then notify the Statewide TB Coordinator at ASMP or the ASMP Medical Director.
- b. The Infection Control Coordinator at the facility will gather pertinent information regarding the suspected TB case (TST test results and other pertinent diagnostic tests/x-rays, patient medical history, identification of close and casual contacts) and consult with the Statewide TB Coordinator at ASMP and ASMP Medical Director regarding a contact investigation. The Statewide TB Coordinator and/or the Office of Health Services will then advise the Responsible Health Authority of public health measures to be implemented.

B. Offender Movement: In and Out of the Facility:

1. TB Contact Investigation:

- a. If a decision is made to conduct a Contact Investigation, the Statewide TB Coordinator or GDC Statewide Medical Director or designee will determine the contacts that need to be tested and report this to the institution where the offender is housed. Movement of offenders in and out of the affected facility may be temporarily halted. This will usually require five (5) to seven (7) days.
- b. If it is determined that movement will be stopped, the Statewide TB Coordinator or designee will notify/advise Offender Administration to temporarily stop the movement of offenders in and out of the affected

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Management of Offenders with Active or Suspected Tuberculosis

Policy Number: 507.04.54

Effective Date: 2/22/2022

Page Number: 4 of 6

Authority:
Commissioner

Originating Division:
Health Services Division
(Physical Health)

Access Listing:
Level II: Required Offender
Access

facility or housing unit until testing and medical follow-up of Close Contacts is completed.

- c. The Responsible Health Authority will notify the Warden/Superintendent and the Statewide TB Coordinator when all TB skin testing, and medical follow-up is completed. The Statewide TB Coordinator will notify the GDC Statewide Medical Director or designee when the contact investigation is completed.
- d. The Statewide TB Coordinator or designee will notify Offender Administration to release the hold on offender movement. Offender Administration will then notify the Warden/Superintendent.

2. Transporting of TB Suspects:

- a. Prior to transportation of TB suspects to ASMP for evaluation, the Responsible Health Authority will contact the Statewide TB Coordinator or the ASMP Medical Director to advise that the offender to be received is a TB suspect on Respiratory Precautions.
- b. The Statewide TB Coordinator or ASMP Medical Director will notify the appropriate correctional authorities that the offender being received will wear a Mask at all times and will be escorted immediately to an Airborne Infection Isolation Rooms upon arrival at ASMP.
- c. TB suspects will be transported separately from other offenders using Respiratory Precautions. All transport vans will carry personal protective equipment that contains Masks to be used by offenders and approved N-95 particulate respirator Masks for officers. All transport officers will be fit-tested for the N-95 when the Mask is issued. The facility personnel office will maintain records and track who is due to be fit-tested.
- d. If an offender is unable to wear a Mask continuously, he/she should be advised to cover their nose and mouth when they cough, cough into a tissue

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Management of Offenders with Active or Suspected Tuberculosis

Policy Number: 507.04.54

Effective Date: 2/22/2022

Page Number: 5 of 6

Authority:
Commissioner

Originating Division:
Health Services Division
(Physical Health)

Access Listing:
Level II: Required Offender
Access

and be given a paper bag for disposal of used tissues. Correctional and medical staff will continue to wear a particulate respirator Mask themselves, and gloves when disposing of the paper bag.

- e. All correctional officers will receive training in standard precautions (blood and body fluids) and Respiratory Precautions at Basic Correctional Officers Training (BCOT) and on an annual basis.

3. Contact Investigation:

- a. The Statewide TB Coordinator will implement a contact investigation if a suspected case of Active TB is confirmed.
- b. All Close Contacts will be offered skin testing by health care staff. Individuals who have previously tested positive will not be tested but will be screened for signs and symptoms of Active TB.
- c. Offenders whose TB skin tests convert to positive will be managed in accordance with the current Clinical Update on Latent TB Infection.
- d. Correctional staff who test positive will complete an incident report for the purposes of Workers Compensation. Correctional staff will be referred to the local health department for appropriate follow-up.
- e. The Responsible Health Authority or the Statewide TB Coordinator will provide the results of the contact investigation to the GDC Statewide Medical Director when requested.
- f. The Statewide TB Coordinator maintains statistics on all offenders seen in TB Suspect/Treatment Clinic and a report will be forwarded to the GDC Statewide Medical Director or designee on a monthly basis.

GEORGIA DEPARTMENT OF CORRECTIONS



Standard Operating Procedures

Policy Name: Management of Offenders with Active or Suspected Tuberculosis

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Page Number: 6 of 6

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NOTE: The clinical update associated with this SOP may be found on the GDC Intranet at Captiva/Resources/Health Services Documents/02 Physical Health/Clinical Updates.

V. **Attachments:** None.

VI. **Record Retention of Forms Relevant to this Policy:** None.