

GUIDANCE FOR TUBERCULOSIS CONTROL MEASURES IN HOMELESS SHELTERS

The spread of tuberculosis among guests and staff of homeless shelters is a serious public health danger. The risk is especially great in the winter months, when people seek shelter from the cold in greater numbers. Every shelter should have a **comprehensive TB control plan** for the protection of all persons in the shelter. A comprehensive plan should address three areas:

- **Administrative Controls** (procedures to screen and track guests infected with TB);
- **Environmental Controls** (physical measures to prevent the spread of TB germs in the shelter); and
- **A Respiratory Protection Program** for staff and volunteers.

This guidance is not a substitute for a comprehensive TB control plan. However, it will enable you to quickly implement **the most basic TB control measures** for the protection of your guests, staff, and volunteers. The Department of Public Health can direct you to resources that will help you develop your own comprehensive TB control plan.

1. TB Screening of Guests and Staff.

All guests checking into the shelter should be screened for TB by trained personnel. A TB test should be administered to any guest who does not have current TB test results on record. Keep a sharp eye out for guests with chronic coughing, fever, night sweats, or blood in their sputum – they may have active tuberculosis. You should have a system to ensure that guests with TB are linked to medical care. Staff and volunteers should also be tested regularly for TB.

2. Segregated Sleeping Areas for Guests Who Have TB.

Guests with active TB should be taken to an appropriate treatment facility.

3. Bunk Separation.

All beds should be at least 3 feet apart, and double bunks should be at least 4 ½ feet apart. The space should be set up so that the guests' heads are at least 6 feet apart when in sleeping position. A "head to toe" bed arrangement should be used.



4. HVAC System.

The following measures will ensure that your HVAC system is doing good rather than harm:

- The HVAC system should deliver an adequate supply of fresh air from the outside, especially to areas where people congregate. Open windows or doors to bring in fresh air if you have to.
- Use a high-efficiency HVAC filter (one that is rated MERV 13 or higher, if your system can handle it.) Consider installing a HEPA filter unit.
- Implement a regular maintenance and filter replacement schedule.
- Make sure that each bathroom, shower room, and clinical exam room has a working exhaust fan.
- Maintain room temperature at no less than 68 degrees during the day and 64 degrees at night.

5. Sanitary Measures.

These minimum sanitary measures will help control the spread of TB as well as viruses and other communicable diseases:

- Bed linens and towels should be used by only one person, and laundered after use.
- Drinking water should be provided through bottles or a water bubbler with disposable cups. Use of common cups should not be allowed.
- Bathroom sinks should have hot water (110 to 130 degrees), soap, and paper towels.
- Paper masks and tissue paper should be given to guests with active TB.
- Trash cans should be readily available for people to throw away soiled masks, tissue paper, and paper towels.

6. Protection for Clinical Personnel and Clinical Facilities.

Clinical facilities should be located as far as possible from other areas in which guests and staff congregate. As noted above, air from clinical rooms should be vented to the outside and not returned to the HVAC system. Personal protective equipment should be made available to all clinical staff or volunteers that work in close contact with guests who may have TB. At a minimum, this should include disposable gloves and N95 disposable respirators. If the clinical personnel will be performing procedures that might induce the guest to cough, then more sophisticated respirators should be used, such as a full-face or powered air purifying respirator (PAPR).