

# **Guidelines for Preventing and Controlling Tuberculosis In Atlanta Homeless Housing Facilities 2015**



**Ask about chronic cough.  
Listen for cough.  
Watch for weight loss.  
Refer to Tuberculosis Clinic.**



Recommendations to help homeless service providers prepare their facility staff and clients for possible cases of air-borne diseases, like tuberculosis.

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## 1. Frequently Asked Questions About Tuberculosis

- **Can I watch a video on preventing the spread of tuberculosis in homeless shelters?**

Yes, the webpage to view the video is: <http://www.currytbcenter.ucsf.edu/sheltertbt/video.cfm>.

- **What is TB?**

Tuberculosis (TB) is a disease caused by a bacterium that usually attacks the lungs. But TB bacteria can attack any part of the body such as the kidney, spine and brain. If not treated properly, TB disease can be fatal. TB disease was once the leading cause of death in the United States.

However, not everyone infected with TB bacteria becomes sick. People who are infected, but not sick, have what is called latent TB infection. People who have latent TB infection do not feel sick, do not have any symptoms and cannot spread TB to others. But some people with latent TB infection go on to get TB disease. People with TB disease can be treated if they seek medical help. Even better, most people with latent TB infection can take medicines so that they will not develop TB disease.

- **What does a Positive TB Skin Test or Positive PPD mean?**

This signifies that a person has been exposed to the tuberculosis germ and currently has or previously had latent TB infection. Persons who have been treated once for latent TB infection will continue to have a positive skin test for the rest of their life, and should not repeatedly be skin tested. By itself, the skin test is not a good test for TB disease, and if TB disease is suspected, further evaluation may be needed with questions about symptoms and/or a chest x-ray.

- **What is latent TB infection?**

In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. The bacteria become inactive, but they remain alive in the body and can become active later. This is called latent TB infection. People with latent TB infection:

- Have no symptoms
- Don't feel sick
- Can't spread TB bacteria to others
- Usually have a positive TB skin test reaction or positive TB blood test
- May develop TB disease if they do not receive treatment for latent TB infection

Many people who have latent TB infection never develop TB disease. In these people, the TB bacteria remain inactive for a lifetime without causing disease. But in other people, especially people who have weak immune systems, the bacteria become active, multiply and cause TB disease.

- **How is latent tuberculosis infection treated?**

One of four treatment regimens using Isoniazid (INH), Rifampin (RIF) or INH and Rifapentine (RPT) can be used. Treatment must be modified if the patient is a contact of a person with drug-resistant TB. Consultation with a TB expert is advised if the known source of TB infection has drug-resistant TB.

**Latent TB Infection Treatment Regimens**

Drugs	Duration	Interval	Minimum doses
Isoniazid	9 months	Daily	270
		Twice weekly*	76
Isoniazid	6 months	Daily	180
		Twice weekly*	52
Isoniazid and Rifapentine	3 months	Once weekly*	12
Rifampin	4 months	Daily	120

\*Use Directly Observed Therapy (DOT)

- **If someone has been previously treated for a positive TB skin test (latent TB infection), does that prevent him or her from getting new infection or developing disease?**

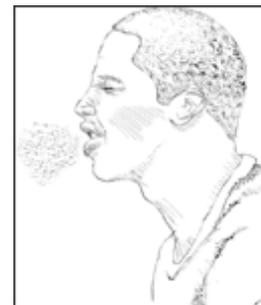
Treatment for latent TB reduces the chance of progressing to TB disease after exposure, but does not prevent that person from new infection (after a new exposure).

- **What is TB disease?**

If the immune system can't stop TB bacteria from growing, the bacteria begin to multiply in the body and cause TB disease. The bacteria attack the body and destroy tissue. If this occurs in the lungs, the bacteria can actually create a hole in the lung. Some people develop TB disease soon after becoming infected (within weeks) before their immune system can fight the TB bacteria. Other people may get sick years later, when their immune system becomes weak for another reason. Babies and young children often have weak immune systems. People infected with [HIV](#), the virus that causes AIDS, have very weak immune systems. Other people can have weak immune systems, especially people with substance abuse, diabetes mellitus and cancer.

Symptoms of TB disease depend on where in the body the TB bacteria are growing. TB disease in the lungs may cause symptoms such as:

- A bad cough that lasts 3 weeks or longer
- Pain in the chest
- Coughing up blood or sputum (phlegm from deep inside the lungs)



Other symptoms of TB disease are:

- Weakness or fatigue
- Weight loss
- No appetite
- Fever/chills/night sweats
- **How is TB spread?**

TB is spread through the air from one person to another. The bacteria are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks or sings. People nearby may breathe in these bacteria and become infected.

- **What is a TB blood test?**

TB blood tests (including QuantiFERON-Gold and T-SPOT) are sometimes used in place of TB skin tests, and a positive TB blood test means the same thing as a positive TB skin test (see above).

### The Differences between Latent TB Infection and TB Disease

A Person with Latent TB Infection	A Person with TB Disease
• Does not feel sick	• Usually feels sick
• Has no symptoms	• Has symptoms that may include: <ul style="list-style-type: none"> <li>- a bad cough that lasts 3 weeks or longer</li> <li>- pain in the chest</li> <li>- coughing up blood or sputum</li> <li>- weakness or fatigue</li> <li>- weight loss</li> <li>- no appetite</li> <li>- chills</li> <li>- fever</li> <li>- sweating at night</li> </ul>
• Cannot spread TB bacteria to others	• May spread TB bacteria to others
• Usually has a positive TB skin test or positive TB blood test	• May or may not have a positive TB skin test or positive TB blood test
• Has a normal chest x-ray and a negative sputum smear	• May have an abnormal chest x-ray, or positive sputum smear or culture
• Should consider treatment for latent TB infection to prevent TB disease	• Needs treatment for TB disease

- **Where should I refer Homeless Housing Facility clients who I suspect have active TB disease?**

The best place to send persons suspected to have active TB disease (e.g., he or she has symptoms but is otherwise functioning okay in day-to-day activities) is the Fulton County TB Clinic. See Appendix H for the map and address of the clinic. If a person is acutely ill, he/she should be sent directly to an emergency room or urgent care facility.

- **Where can I refer Homeless Housing Facility clients for latent TB infection screening, or if I am concerned about illnesses other than Tuberculosis?**

Mercy Care Clinics where Homeless Housing Facility clients can be referred are listed in Appendix C.

- **What if the Health Care Liaison has further questions for the health department?**

Contact the Fulton County Board of Health and Wellness TB Clinic at 404-613-1450 and/or Shawnese Blount: 404-613-1244 (office) or 678-760-1186 (cell).

The main contact at the DeKalb County Board of Health for TB is Titilola Rush, RN: 404-294-3730 (office) or 404-788-6975 (cell).

## **2. Important Steps that Homeless Housing Facilities can take to reduce the spread of Tuberculosis**

### **A. Ensure all clients have a current TB evaluation**

Recommendation: Require all clients maintain and present to the shelter a current (at minimum yearly) documentation of a TB evaluation each day they present to the shelter facility.

If clients do not have documentation of a current TB evaluation, a shelter facility representative should provide a referral letter for TB testing and request that the client obtain a TB evaluation within 7 days from the county health department, community clinic or other outpatient primary care clinic.

A TB evaluation should be done at minimum yearly, but may be requested more frequently if deemed necessary by the Health Department to identify active TB cases and interrupt the transmission of tuberculosis.

A shelter facility should maintain a record of basic information for all residents who enter the shelter that includes their name, date of birth, results of tests that identify persons with a history of TB infection (i.e. Tuberculosis Skin Test (TST) or QuantiFERON© (QFT) and responses to questions about TB symptoms.

### **B. Ensure TB Screening for Homeless Housing Facilities Employees / Volunteers**

Recommendation: Require all shelter staff and volunteers who have face to face contact with clients present to the shelter a current (at minimum yearly) documentation of a TB evaluation.

A shelter facility should maintain a record of basic information for all shelter staff and volunteers who have face to face contact with clients that includes their name, date of birth, address, phone number, results of tests that identify persons with a history of TB infection (i.e. Tuberculosis Skin Test (TST) or QuantiFERON© (QFT) and Chest x-ray date (for those with positive screening tests for latent TB infection).

All shelter staff or volunteers who have duties that involve face-to-face contact with clients should have a TB evaluation performed at minimum yearly, but may be requested more frequently if deemed necessary by the Health Department to identify active TB cases and interrupt the transmission of tuberculosis.

### C. Symptom Screen at Intake for Overnight Stay

Recommendation: Ask every homeless housing facility resident at sign-in/intake for overnight stay the following questions that will help screen for Tuberculosis:

TB/Respiratory Infection Symptom Screen Questionnaire

Instructions for Homeless Housing Facility Staff:

The purpose of this symptom screening form is to help identify clients who **may** have infectious TB. Please complete this form as part of the initial intake process.

Note to facility staff: You may begin with this statement before asking questions:

**“We are asking you a few quick questions because we are concerned about an infection that we know is spreading in our community here in downtown Atlanta. We don’t want this germ to spread to you or anyone else, so please be honest with your answers.”**

HISTORY/SYMPTOMS	Yes	No
• Do you have a cough that has lasted for 3 weeks or more?		
• Have you had contact with person(s) with chronic cough recently?		
• Have you lost weight without explanation during the past month?		
• Have you coughed up blood in the past month?		
• Have you been more tired than usual over the past month?		
• Have you had fevers almost daily for more than one week?		
• Have you sweated so much during the night that you’ve soaked your sheets or clothing during the past month?		
• Do you have children with any of the above symptoms?		

Does the client have a cough that has lasted 3 weeks or more **AND** has answered “Yes” to at least one other question above?

Yes                       No

If you marked “Yes” above, or have identified a child with symptoms, immediately refer the client to your Health Care Liaison (see section E: Health Care Liaison below)

**D. Institute administrative practices that reduce TB transmission at your homeless facility**

- Have tissues ready at intake area and tell persons who are coughing to cover their cough
- If they have these symptoms, give them a tissue to cover their cough
- If possible, place them in a more isolated area away from the other shelter residents

**E. Appoint a Health Care Liaison**

Homeless housing facilities should appoint a health care liaison to oversee activities that control the spread of TB and other airborne infections. This person doesn't need to be a clinician or manager/supervisor/facility administrator. However, s/he should have some knowledge of infection control principles.

The Health Care Liaison performs and oversees several activities that prevent the spread of TB and other airborne infections, including:

Key Area	Activities
<b>Shelter duties</b>	<ul style="list-style-type: none"> <li>- Coordinates referrals for clients that need a TB evaluation</li> <li>- Assists clients that need a TB evaluation with their transportation needs</li> <li>- Maintains medical confidentiality policies and procedures</li> </ul>
<b>Health Department Liaison duties</b>	<ul style="list-style-type: none"> <li>- Serves as a liaison to the Fulton County Department of Health TB Clinic</li> <li>- Coordinates screening activities and referrals to Fulton County (See Appendix A for a list of health centers and appropriate phone numbers)</li> <li>- Send Release of Information Letter from Shelter</li> <li>- Assists health department to conduct infectious disease contact investigations</li> <li>- Coordinates communication with the health department local health officer</li> <li>- Maintains confidential records</li> </ul>
<b>Compliance</b>	<ul style="list-style-type: none"> <li>- Establishes, implements, maintains and posts written procedures</li> <li>- Ensures staff adheres to TB/Airborne diseases prevention procedures</li> <li>- Ensures staff adheres to TB Cough Alert and documentation procedures</li> <li>- Ensures staff and clients receive mandatory TB prevention education</li> <li>- Ensures that identified medical providers maintain confidential medical records</li> <li>- Maintains other required records</li> </ul>

Instructions for Health Care Liaison

- 1) Staff person tells you about a TB suspect
- 2) Follow the TB exposure control protocol and complete the form below, which can be share with the health department if needed.

**TB Exposure Control Protocol Form:**

- Give the client a surgical face mask or tissue to wear: o Done
- Instruct the client to cover their nose and mouth when coughing or sneezing: o Done
- Give client a letter verifying that he/she is staying at your shelter to take to TB clinic: o Done
- Have a client sign a Release of Information Form: o Done
- Separate the client from others and place in a well-ventilated room: o Done
- Initiate medical evaluation protocols and transportation: o Done

Client Name: \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Client DOB: \_\_\_\_\_

Housing Facility: \_\_\_\_\_

Facility Phone #: \_\_\_\_\_

Homeless Housing Facility Address: \_\_\_\_\_

Bed Location: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3) Refer clients in Fulton County to the Fulton County TB Clinic (across from main Grady Hospital entrance):

Address: 99 Jesse Hill Jr. Drive  
Atlanta, GA 30303

Phone No: 404-613-1465/404-613-1450

Hours: Monday 8:30 am – 5:30 pm / Tues-Friday 8:00 am-5:00 pm

Refer clients in DeKalb County to the DeKalb County TB Clinic

Address: 445 Winn Way  
Decatur, GA 30030

Phone No: 404-294-3700

Hours: Monday-Friday 8:15 am-5:00 pm

- Evaluation and treatment is free with a homeless housing facility referral letter.
- If client is not severely ill and is able to be somewhat isolated from other residents, when clinic is closed, it is not unreasonable to have the client go to clinic the next morning or on Monday (following a weekend).
- If patient is severely ill, there are issues with isolation and during evenings and weekends, refer to Urgent Care or ER.

## **F. Implement a Cough Alert Policy**

For current Homeless Housing Facility residents, institute a cough alert policy enforcing symptom screening and referral requirements for clients.

### COUGH ALERT POLICY AND PROCEDURES

Recommended for all Homeless Housing Facilities in Fulton County

**Purpose:** To identify active TB cases before TB is further spread in homeless housing facilities.

#### **Target Population:**

Individuals coughing throughout the night or client coughing for more than 3 weeks without improvement (especially if the cough is accompanied with >5 lbs. weight loss, night sweats and fever) or client coughing up blood.

#### **Procedures:**

1. Training of homeless housing facility staffs on what they need to know about Tuberculosis and its transmission.
2. Frontline staff or homeless housing facility managers meet and talk with coughing client suspected to have Tuberculosis.
3. Health Care Liaison/Shelter Manager contacts Fulton Health Department for assistance, as proper medical evaluation is needed within 48 hours. Later on, the health department may request information from the "TB Exposure Control Protocol Form" (see page 9) to determine if the client actually follows up at the health department and/or to come up with a plan if the resident returns to the shelter. Shelter staff and the health department can discuss freely about the client's TB-related health information if the client signed a Release of Information Letter (coordinated by the Health Care Liaison).

## G. Implement a Bed Log

All homeless facilities should be able to:

- Maintain a bed log.
- Assign clients a bed location.
- Position clients head to foot.
- Identify a reliable system to track individuals that are at risk for exposure according to bed maps and bed logs.

### What is bed mapping?

Bed mapping is a system used to ensure each bed located within the shelter has been assigned a unique identifier. The client's first name, last name and date of birth are used as an identifier to locate clients and track infectious individuals.

### Bed log/Bed location

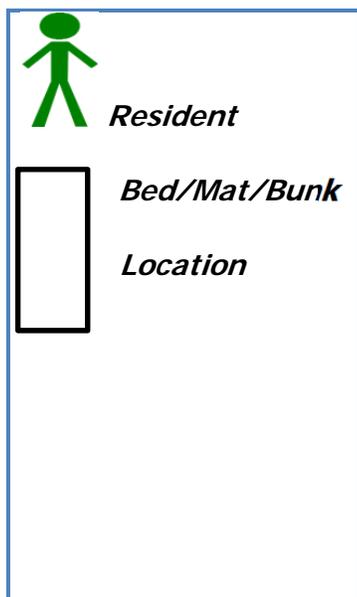
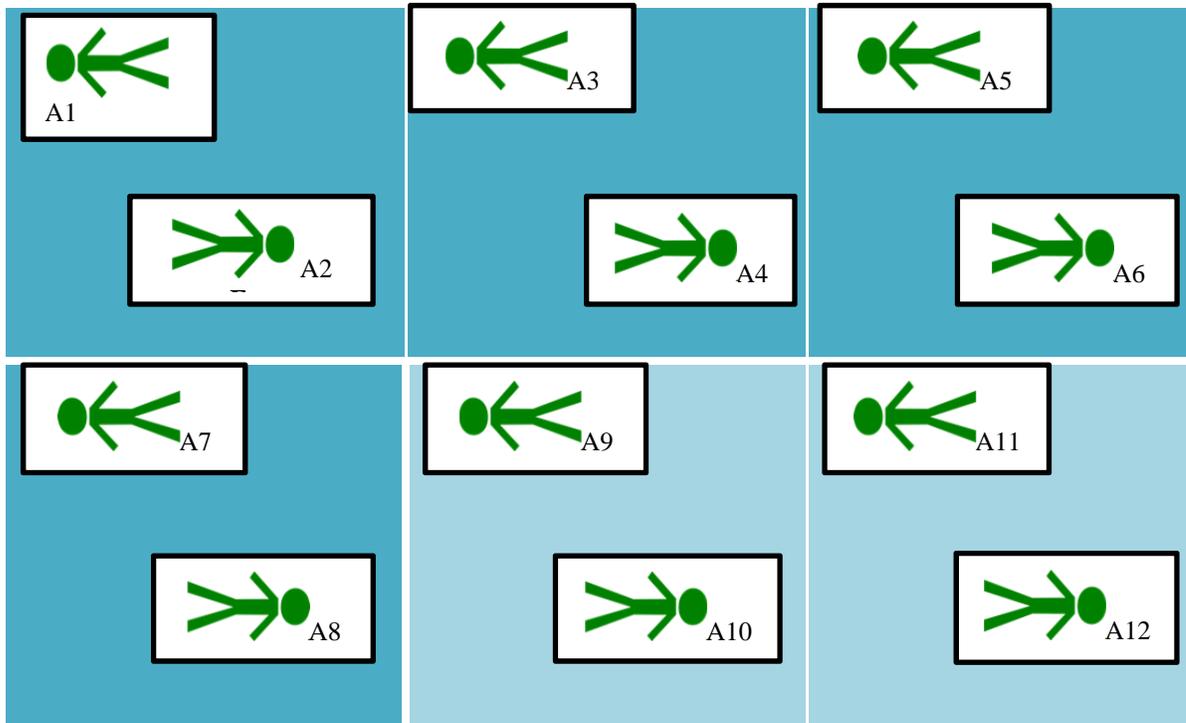
Record the client's first name, last name, date of birth, race, position (Head or Foot) and location. Be sure to write **legibly** so that information is clear enough to read. All information should be noted on bed log and stored for at least 24 months.

### Sample Bed Log

DATE	TIME	FIRST NAME	LAST NAME	DOB	RACE	POSITION	LOCATION
1/1/2015	8:00 AM	John	Doe	1/15/1954	Black	Head	H-1

## Sleeping Arrangements

When persons with Tuberculosis sneeze, cough or speak, transmission can occur when an individual inhales the particles. Arrange beds/ mats so that individuals lay head to toe. Create a number of rows, columns or blocks and assign each bed, mat or bunk a letter and number (example: A1). It is recommended that beds/mats are approximately **36 - 48 inches** apart and arranged in a "head-to-toe" format.



**Table 1. Checklist of Recommendations for Homeless Housing Facilities to Follow to Reduce the Spread of Tuberculosis.**

**Checklist-Administrative Controls/Standard Operating Procedures**

<b>CLIENTS</b>	<b>YES</b>	<b>NO</b>
Determine that all clients have a current (at minimum yearly) TB evaluation each time a client presents to the shelter		
Clients who do not have a current TB evaluation receive a TB evaluation within 7 days		
Screen all clients for TB symptoms using the symptom screening checklist		
Maintain a cough alert log		
Separate clients with symptoms of TB from others as well as staff until they have been medically evaluated		
Provide masks, tissue or other type of protection to clients to cover their mouth		
Refer clients with symptoms of TB to the Health Department or medical facility within 48 hours		
All clients referred to the health department are provided a referral letter from the shelter		
<b>STAFF</b>		
Develop Standard Operating Procedures whereby all shelter staff and volunteers who have face to face contact with clients will be informed that they need a yearly TB evaluation.		
<b>ADMINISTRATIVE CONTROLS</b>		
The symptom screen should be administered during all client intakes for overnight stays by staff trained to do so		
Identify a Health Care liaison and ensure the liaison has received in-service training on TB by staff of the Department of Health and Wellness and/or the State DPH and a copy of the "Guidelines for Preventing and Controlling Tuberculosis in Atlanta Homeless Housing Facilities"		
Cough posters are placed in prominent locations throughout the facility where clients can see them		
All staff and volunteers at the shelter receive TB educational materials		
Clients at the shelter have access to TB educational materials		
TB educational materials are available to clients, staff and volunteers in different languages		
Maintain an accurate daily electronic log of all clients that includes date and results of most recent TB test and clearance status if client has a history of a positive TB test		
Clients are positioned by alternating head-to-foot when sleeping where possible		

**Figure 1. Flow Chart Guidelines for Homeless Housing Facilities for TB Clearance**

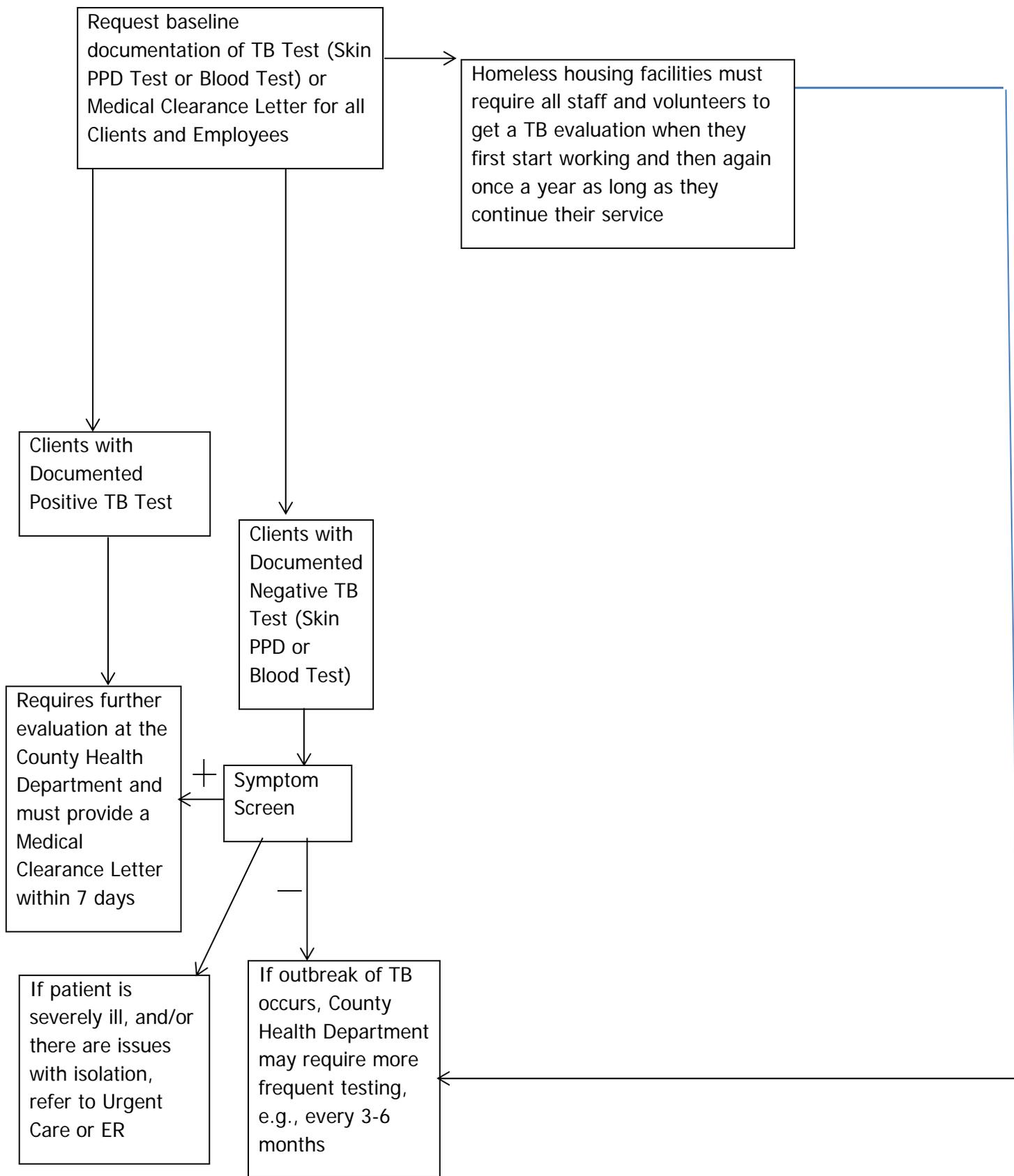
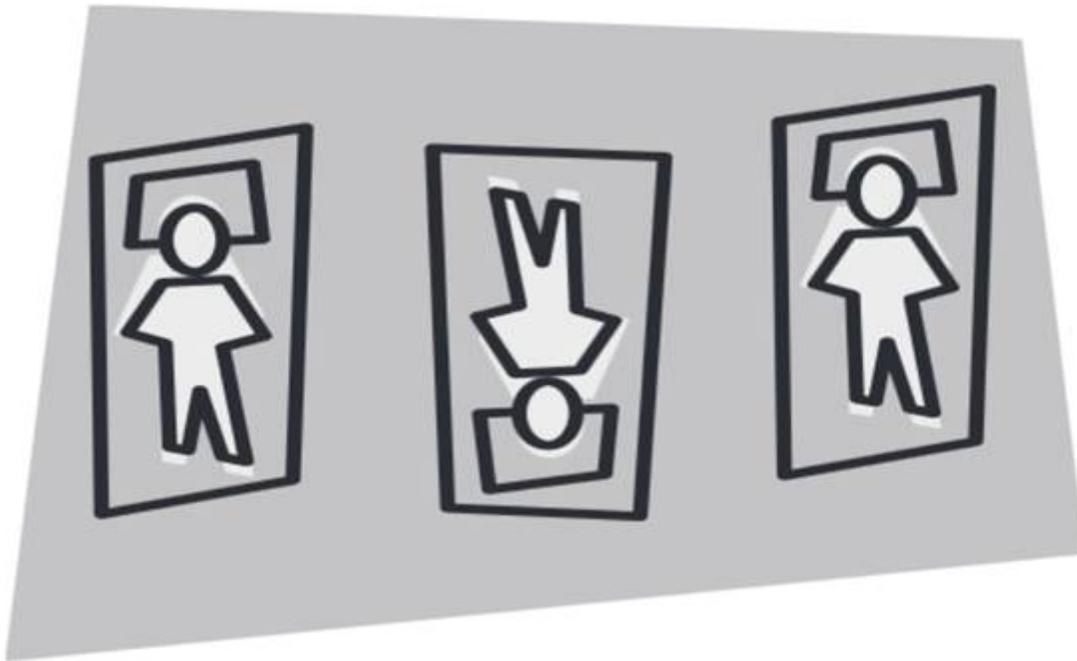


Figure 2. Bed Arrangement Poster

## Arrange beds to decrease the spread of Tuberculosis (TB) germs.

Beds/mats that are placed too close together in a “head-to-head” arrangement can increase the spread of TB bacteria. The TB bacteria are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks or sings. People nearby may breathe in these bacteria and become infected.

Be sure that the beds/mats are approximately **36 - 48 inches** apart and arrange them in a “head-to-toe” format.

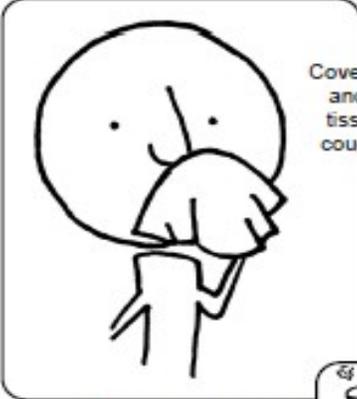


For more information on environmental controls for TB prevention in homeless shelters, refer to the Homelessness and TB Toolkit at [www.currytbcenter.ucsf.edu](http://www.currytbcenter.ucsf.edu).

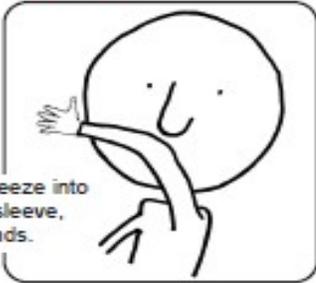
Figure 3. Cough Alert Poster

**Stop the spread of germs that make you and others sick!**

# Cover your Cough

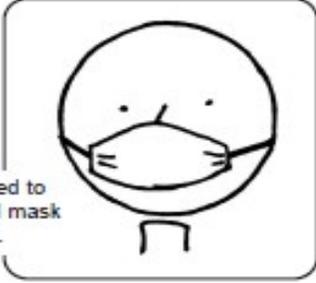


Cover your mouth and nose with a tissue when you cough or sneeze or



cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.



You may be asked to put on a surgical mask to protect others.

## Clean your Hands

after coughing or sneezing.



Wash with soap and water or clean with alcohol-based hand cleaner.



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**MDH** Minnesota Department of Health  
625 N. Robert Street, P.O. Box 54225  
St. Paul, MN 55155-0225  
651-201-6424 TDD/TTY 651-201-4787  
www.health.state.mn.us

**APIC**  
American  
Infectious  
Prevention  
Association  
Collaborative

**APIC**  
AMERICAN INFECTION PREVENTION ASSOCIATION  
COLLABORATIVE

## Appendix A. Resources

### List of Public Health Department contact services and other TB Health Centers

- Fulton County Department of Health and Wellness  
Aldredge Health Center  
99 Jesse Hill Jr., Drive  
Atlanta, GA 30303  
Phone No: 404-612-1465
- DeKalb County Tuberculosis Program  
T.O. Vinson Center  
440 Winn Way  
Decatur GA, 30030  
Phone Number: 404-508-7857
- CDC Division of Tuberculosis Elimination  
1600 Clifton Road, NE Atlanta 30333  
Phone No: 800-CDC-INFO  
(800-232-4636)  
TTY: 800-232-6348
- Georgia Department of Public Health  
Tuberculosis Program, 12<sup>th</sup> Floor  
2 Peachtree St., NW, Atlanta GA, 30303  
Phone Number: 404-657-2634
- Southeastern National Tuberculosis Center  
2055 Mowry Road  
Gainesville, FL 32611  
Phone: 352-273-SNTC (7682)  
or 888-265-SNTC (7682)  
Fax: 352-273-9275
- Rutgers Global Tuberculosis Institute  
225 Warren Street, P.O. Box 1709, Newark, NJ 07101-1709  
Phone: 973-972-3270  
<http://globaltb.njms.rutgers.edu/index.html>
- National Health Care for the Homeless Council,  
HCH Clinician's Network P.O. Box 60427, Nashville, TN 37206-0427  
Phone: 615-226-2292  
Fax: 615-226-1656  
<http://www.nhchc.org>
- Tuberculosis Video Link: <http://www.currytbcenter.ucsf.edu/sheltertbt/video.cfm>

**Appendix B. Cough Alert Weekly Log**

**Instructions for Shelter Staff:**

Please give this log to your homeless housing facility Health Care Liaison if you have a client that has a constant cough. The Health Care Liaison is responsible for (1) assessing the client for signs of active TB/ Airborne diseases and (2) determining if the client needs a referral for a medical evaluation.

Name of Shelter: \_\_\_\_\_

Date Health Care Liaison received copy of log (MM/DD/YY): \_\_\_\_\_

Client Name (Last, First)	Date of Birth (MM/DD/YY)	Bed Location/#	Date(s) client observed to be coughing (MM/DD/YY)	Name of staff members who observed client	TB Symptom Screen positive/negative	Medical facilities client was referred to

Date (MM/DD/YY): \_\_\_\_\_



## MERCY CARE PATIENT CENTERED MEDICAL HOME

Mercy Care is a health care organization that provides a complete range of medical services and outreach programs to the Atlanta community. We believe that everyone deserves access to exceptional care, regardless of insurance or income status. Our family of medical clinics provides comprehensive services—offering hope through the power of healing.



**LEGEND**  
 ● Clinic  
 ○ Mobile Outreach Site

### MERCY CARE CLINICS

#### 1. Decatur Street

424 Decatur St., Atlanta  
 678-843-8600

- ▶ Monday, Tuesday, Thursday  
 7:00 am – 5:00 pm  
 Wednesday 7:00 am – 9:00 pm  
 Friday Medical 7:00 am – 1:00 pm  
 Friday Dental 7:00 am – 5:00 pm

#### 2. North

3367 Buford Hwy., Northeast Shopping Plaza, Ste. 910, Atlanta  
 678-843-8700

- ▶ Monday -Thursday 7:00 am – 5:00 pm  
 Friday Medical 7:00 am – 12:00 noon  
 Friday Dental 8:00 am – 3:30 pm

#### 3. At Atlanta Day Shelter (Women Only)

655 Ethel St., Atlanta  
 678-843-8500

- ▶ Wednesday 9:00 am – 3:30 pm

#### 4. At City of Refuge

1300 Joseph E. Boone Blvd. Atlanta  
 678-843-8790, 8791

- ▶ Tuesday – Friday 8:30 am – 7:00 pm  
 3rd Friday 8:30 am – 12:00 noon  
 Saturday 8:30 am – 1:30 pm  
 Pediatric Hours:  
 Wednesday & Thursday 8:30 am – 5:00 pm

#### 5. At DeKalb CSB

445 Winn Way  
 678-843-8600

- ▶ Wednesday & Thursday 8:30 am – 5:00 pm

#### 6. At Gateway Center (For Homeless)

275 Pryor St., Atlanta  
 678-843-8840

- ▶ Monday, Wednesday  
 8:30 am – 5:00 pm  
 Tuesday 8:30 am – 8:30 pm  
 Friday 8:30 am – 3:30 pm  
 3rd Friday 8:30 am – 12:00 noon

#### 7. At The Imperial (For Residents)

355 Peachtree St., NE, Atlanta  
 678-843-8500

- ▶ 2nd and 4th Friday  
 8:30 am – 5:00 pm

#### 8. At Mary Hall Freedom House (For Program Clients)

200 Hannover Park Rd., Ste. 100, Atlanta

- ▶ Friday 8:30 am – 3:30 pm  
 3rd Friday 8:30 am – 12:00 noon

#### 9. At Saint Luke's

420 Courtland St., Atlanta  
 678-843-8870

- ▶ Monday, Tuesday, Thursday  
 8:30 am – 5:00 pm  
 Friday 8:30 am – 3:30 pm  
 3rd Friday 8:30 am – 12:00 noon

### MERCY CARE MOBILE

#### 10. At Atlanta Mission

165 Alexander St., Atlanta  
 678-843-8500

- ▶ Monday 9:00 am – 4:00 pm  
 Thursday 9:00 am – 4:00 pm

#### 11. At Ben Massell Dental Clinic

700 14th St., NW, Atlanta  
 678-843-8500

- ▶ 2nd and 4th Tuesday  
 9:00 am – 4:00 pm

#### 12. At Central Presbyterian

201 Washington St., Atlanta  
 678-843-8500

- ▶ 1st, 3rd, and 5th  
 Friday 9:00 am – 12:00 noon

#### 13. At St. Jude's (For Program Clients)

139 Renaissance Pkwy., NE, Atlanta

- ▶ Wednesday 9:00 am – 4:00 pm

#### 14. At 7 Bridges to Recovery (For Program Clients)

2840 Plant Atkinson Rd., Smyrna

- ▶ 1st, 3rd, and 5th Tuesday  
 9:00 am – 4:00 pm

\*Dental Services provided at Decatur Street, North, and At City of Refuge.

\*\*Vision Exams and Glasses provided at Decatur Street, The Gateway, St. Luke's, and The Imperial.

Appendix D. Homeless Housing Facility Referral Form

REFERRAL

Date: \_\_\_\_\_

Client: \_\_\_\_\_

ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Gender: \_\_\_\_\_

ID: \_\_\_\_\_

Referred to: \_\_\_\_\_

Reason: LF•4900.8600•Tuberculosis  
Screening

Message: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred By: \_\_\_\_\_

Appendix E. Authorization to Release Health Care Information

**AUTHORIZATION TO RELEASE HEALTH INFORMATION**

1. I hereby voluntarily authorize the \_\_\_\_\_ County Health Department to disclose the medical information indicated below to \_\_\_\_\_[Shelter].

2. The purpose for this disclosure is to assist the Shelter in taking care of me and in protecting the others who work or stay at the Shelter, to ensure that I am properly tested for tuberculosis, and to ensure that I am treated as may be necessary based on those tests.

3. The information to be disclosed is:

- Any medical information relating to the testing for or treatment of tuberculosis.
- Other (specify) \_\_\_\_\_

If you would like any of the following sensitive information disclosed, please indicate with a check mark below:

- Alcohol/ Drug Abuse Treatment
- HIV/ AIDS- related Treatment
- Mental Health (other than psychotherapy notes)

4. This authorization shall become effective immediately and shall remain in effect for one year from the date of signature if no date is entered.

I understand that I may revoke this authorization in writing at any time prior to the release of information, and that revocation will not affect any action taken in reliance on this authorization before the written revocation was received.

I understand that information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer protected by the Health Insurance Portability and Accountability Act.

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Print Authorized Representative's Name (if applicable)

\_\_\_\_\_  
Authorized Representative's Signature (if applicable)

\_\_\_\_\_  
Date

**Appendix F. Symptom Screen Form**

Instructions for Shelter Staff:

The purpose of this symptom screening form is to help identify clients who **may** have infectious TB. Please complete this form as part of the initial intake process.

Note to Shelter Staff: Please begin with this statement before asking questions:

**“We are asking you a few quick questions because we are concerned about an infection that we know is spreading in our community here in downtown Atlanta. We don’t want this germ to spread to you or anyone else, so please be honest with your answers.”**

<b>HISTORY/SYMPTOMS</b>	yes	no
• Do you have a cough that has lasted for 3 weeks or more?		
• Have you had contact with person(s) with chronic cough recently?		
• Have you lost weight without explanation during the past month?		
• Have you coughed up blood in the past month?		
• Have you been more tired than usual over the past month?		
• Have you had Fevers almost daily for more than one week?		
• Have you sweated so much during the night that you’ve soaked your sheets or clothing during the past month?		
• Do you have children with any of the above symptoms?		

Does the client have a cough that has lasted 3 weeks or more **AND** has answered “yes” to at least one other question above?

Yes                       No

If you marked “Yes” above, or have identified a child with symptoms, immediately refer the client to your Health Care Liaison (see Section C: Health Care Liaison).

**Appendix G. Health Care Liaison Exposure Control Form**

- Give the client a surgical face mask or tissue to wear o Done
- Instruct the client to cover their nose and mouth when coughing or sneezing o Done
- Give client a letter verifying that he/she is staying at your shelter to take to TB clinic o Done
- Have a client sign a Release of information Form o Done
- Separate the client from others and place in a well-ventilated room o Done
- Initiate medical evaluation protocols and transportation: o Done

Client Name: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

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Homeless Housing Facility: \_\_\_\_\_ Facility Phone #: \_\_\_\_\_

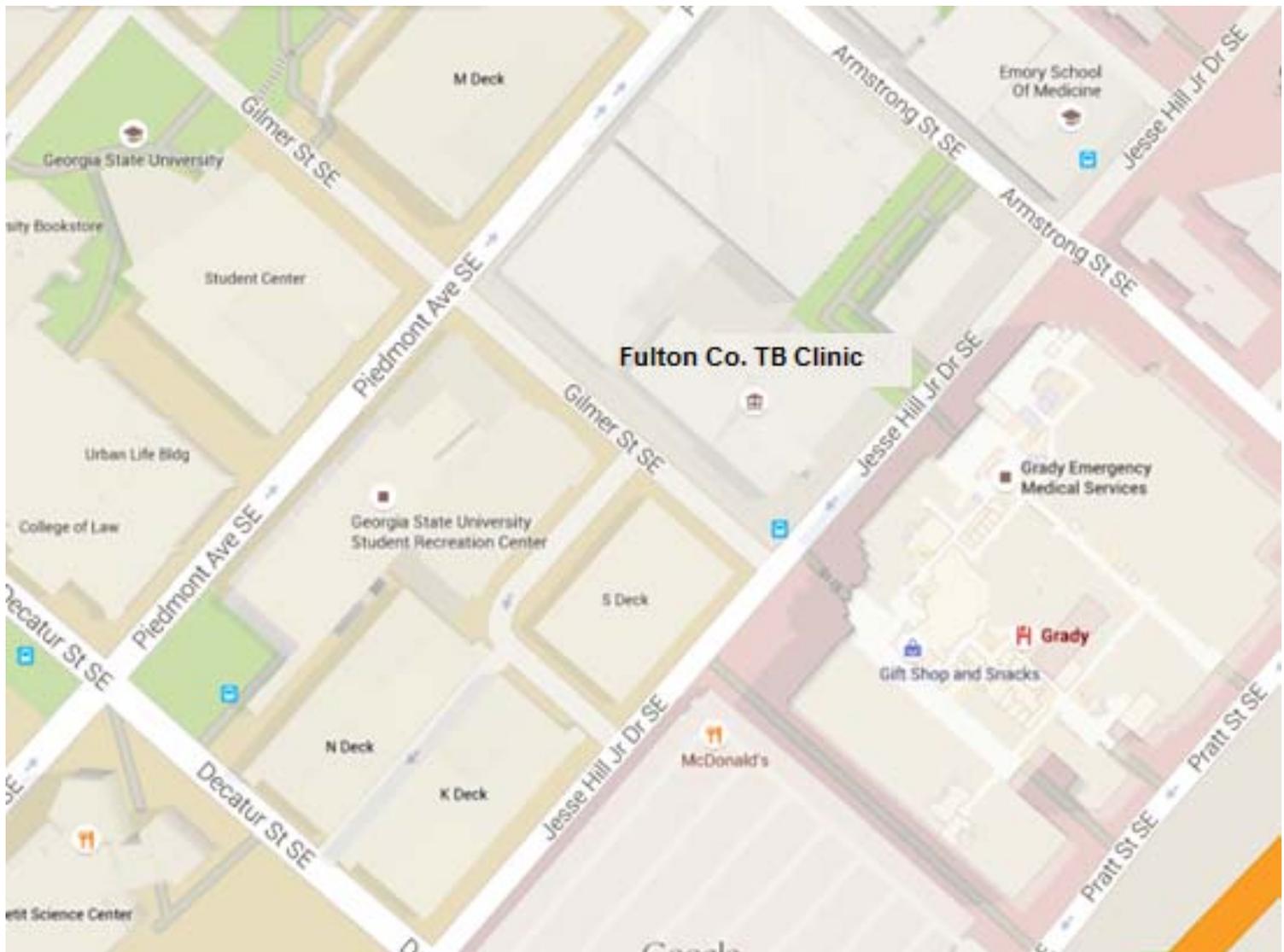
Homeless Housing Facility Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bed Location: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix H. Fulton County TB Clinic

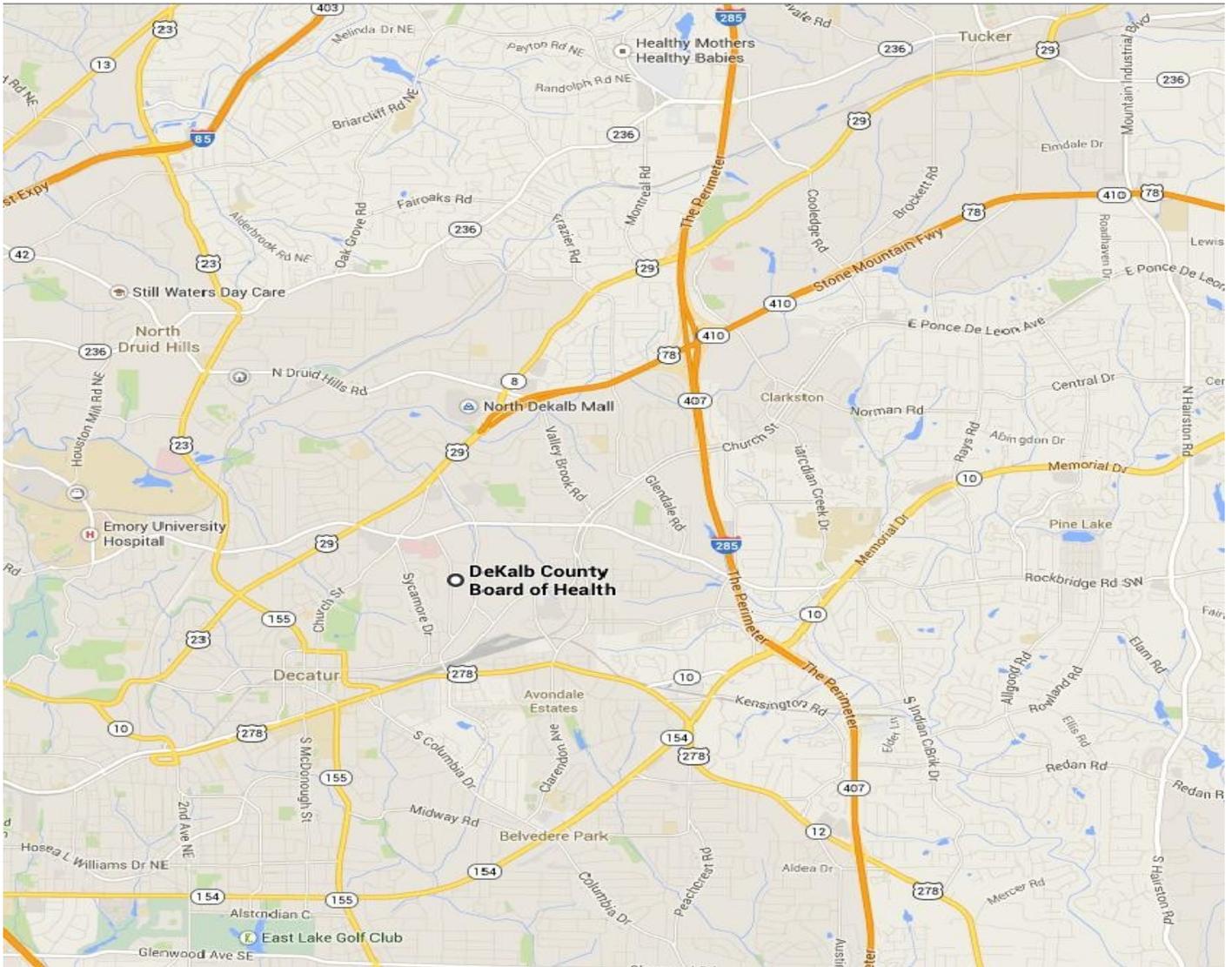


Address: 99 Jesse Hill Jr., Drive  
Atlanta, GA 30303

Phone No: 404-613-1465/404-613-1450

Hours: Monday 8:00 am-5:30pm/ Tues-Friday 8:00 am-5:00 pm

## Appendix I. DeKalb County TB Clinic



Address: Tuberculosis Clinic, DeKalb County Board of Health  
440 Winn Way,  
T.O. Vinson Health Department, Suite #2118  
Decatur, GA. 30030

Phone No: 404-508-7857

Fax No: 404-508-7757

Hours: Monday-Friday 8:15 am - 5:00 pm.

### 3. References

- A Guide for Preventing and Controlling TB and other Aerosol Transmissible Diseases in Los Angeles County Facilities. Second Edition June 6, 2013.
- Centers for Disease Control and Prevention, Updated Guidelines for Using Interferon Gamma Release Assays to Detect *Mycobacterium tuberculosis* infection---United States, (2010). Recommendations and Reports, 59(RR05); 1-25.
- Tuberculosis Infection Control: A Practical Manual for Preventing TB, p. 133. Francis J. Curry. (2011)
- Tuberculosis Transmission in a Homeless Shelter Population –New York, 2000-2003. MMWR 2005; 54(06):149-152. Hudson J, Van Zetta S, Brisette B, Driver C, et. al