Section 18

Tuberculosis

Symptoms, Precautions, and Treatment

June 2009
What is Tuberculosis?

Tuberculosis (TB) is a communicable disease that usually begins in the lungs.

TB can be spread from person-to-person when someone with active TB disease coughs, shouts, sings or laughs - spraying bacteria-contaminated droplets into the air.
High Risk Groups

- HIV infected persons
- Drug dependent users who use needles
- Diabetics
- Chronic renal failure
- Foreign born population where TB is prevalent
- Low income population
- Persons in long-term care facilities
- Persons who are immunosuppressed
How do you get TB?

The infection is most likely to be spread in small, poorly ventilated rooms.

Risk of transmission increases with exposure over a period of time.
What are the symptoms of active TB?

- Cough greater than 2 weeks
- Fever
- Fatigue
- Night Sweats
- Weight Loss (unplanned)
- Flu-like symptoms that persist for more than 3 weeks
None. In most people, infectious TB bacteria remain inactive for a lifetime -- their immune systems prevent the infection from progressing.

A person who is infected with inactive TB is not sick, does not have symptoms and cannot infect others.
Can inactive TB become active TB?

Yes. While it may take months or even years, there is about a 10% chance that a person with inactive TB will develop active TB.
How will I know if I have a TB infection?

The only sure way is to get a TB skin test (PPD). That is why it is **vital** for Associates to get their TB skin test on schedule. At Methodist, all Associates that have patient contact must be tested at least once yearly. All patients are screened for symptoms of TB.
Can TB be cured?

Typically, once identified, both inactive and active TB can be cured with medication. However, it is extremely important that the medication is taken as prescribed.
Controlling TB

• Airborne Precautions are used for diseases such as TB because germs are carried in the air by tiny particles (usually dust).

• These particles may remain in the air for a while depending on the ventilation in the room.

• Airborne precautions are also taken with:
  • Varicella ("chicken pox")
  • Rubeola ("measles")
Controlling TB

- The best way to stop spread of TB is to isolate patients with active TB immediately and start effective TB drug therapy.
- Patients with possible TB infection go to rooms with special negative ventilation.
- Patients with possible TB infection are placed in Airborne Precautions.
- Anyone who enters the room of a patient in Airborne Precautions should wear an N-95 respirator mask.
Always remember to wear an N-95 respirator mask when entering an Airborne Precautions room.

Only approved respirator masks can be worn.
Controlling TB

- Associates authorized to care for TB patients must FIRST go through a fit testing process to wear the respirator mask.
- This process ensures that the mask fits correctly.
Controlling TB

Place *surgical* masks on TB patients when transporting patients outside of their rooms. This is vital to prevent TB from being transmitted to others.
Patients should not leave their room unless absolutely necessary

• A patient shall not leave the isolation room without staff escort.

• A patient observed away from the unit and unaccompanied by an Associate must be redirected back to the isolation room.
A patient’s parent or caretaker who exhibits signs and symptoms of TB shall be

1. Given a surgical mask and counseled on the necessity of complying with wearing the mask.
2. Infection Prevention should be contacted so the Public Health Department can be notified as soon as possible.
Important

• Associates are given TB skin tests according to facility policy and in accordance with national guidelines.

• The test is given at no charge.

• For more information on TB or the TB skin test, contact Associate Health.