



Title	Infection Control Manual Section 3.6 – Tuberculosis Precautions
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3.6 TUBERCULOSIS PRECAUTIONS

Spread	<p>Usually airborne but can be contact spread via nasal, bronchial and oral secretions. For urinary or draining lesions, see wound precautions.</p> <p>Infection Prevention Control Team must be alerted of all patients with suspected or known tuberculosis. The IPCT will then liaise with the Health Protection Team and/ or the Occupational Health Service if required.</p> <p>Because of the known risk of transmission of infection between HIV infected people and the emergence of multi drug resistant organism, in this group, and in some areas of the world (e.g. United States), additional precautions may need to be considered in certain situations. Patients with a poor history of compliance with therapy, non response to treatment, or contact with a person or place known or suspected to have multi-resistant disease, must be considered for transfer to more secure isolation facilities at the Infectious Diseases Unit, Western General Hospital, Edinburgh.</p>
Single room source isolation	<p>May be necessary. The room should have a washable (vinyl) floor. If the patient is infectious, keep in room until considered non-infectious; after 2 weeks of compliant treatment plus clinical improvement e.g. remaining afebrile for at least 48hrs.</p> <p>TB patients should not be removed from isolation unless deemed non-infectious</p> <p>Even if considered non-infectious, it may be of benefit to isolate these patients until the status has been ascertained, particularly if they fall into a high risk group such as new immigrants.</p> <p>(Patients own home, see advice end of this precaution sheet).</p>
PPE	
Plastic apron	Must be worn when in contact with infectious patient / secretions / linen.
Gloves	Must be worn when in contact with infectious patient secretions / linen.

Masks	Are only indicated when there is a risk of splashing or spraying of the face or mucous membranes with a secretions from patients known or suspected to be suffering from Tuberculosis, such as during bronchoscopy, cough inducing procedures (e.g. collection of sputum specimens) and for prolonged care of high risk dependency patients. They should be a type for single use incorporating a HEPA filter (filtering particles of 1-5 microns, the size of infectious droplets, which give a better fit than the traditional loose surgical mask e.g. Universal Hospital Supplies Ltd. TecnoL PFR Particle filter Mask (Product Code UN 46727).
Facial protection	Not necessary unless splashing of blood / body fluids is anticipated.
Hand Hygiene	After contact with patient, contaminated articles or patients immediate environment. Gloves should be removed and hands washed and dried thoroughly. Instruct patient in hand washing technique as condition allows.
Linen	Treat contaminated linen as infected, (See local linen policy.)
Crockery, Cutlery & Medicine Cups	Medicine cups are single-use disposable Routine domestic hot wash.
Clinical Waste	Dispose of all clinical waste in yellow bag inside isolation area. If outside of bag becomes contaminated place this yellow bag inside second yellow clinical waste bag at door of isolation room. Clinical waste bag must be tagged.
Cleaning of Room	Contact General Services Supervisor for isolation mop and bucket. Cleaning routinely on a daily basis should be carried out with detergent and warm water. 'Spot disinfect' bronchial secretion using a phenolic disinfectant, e.g. clearsol 1%.
Baths / Showers	Clean with bath cleanser, e.g. sanitizer.
Charts	Keep outside room or at nurses' station.
Laboratory Specimens	Sputum or other specimens for culture of Mycobacteria specimens - avoid contamination of outside of container. Specimen details are filled in on request including comment about suspected diagnosis. Wear gloves and apron when collecting. Avoid contamination of outside of container. Ensure lid is securely closed. Tick box for high risk categorisation as

	YES. Seal specimen within the plastic biohazard bag and then seal this in the plastic bag attached to the laboratory request form i.e. double bag.
Transporting Patients:	Symptomatic patients must not be transported to any other department without prior notice to IPCT and the receiving department. Patients with uncontrolled coughing should be asked to wear traditional surgical masks if they are to be transported through general public or patient area. They should also be advised to cover their mouth when coughing and to expectorate into tissues, which should be disposed of into clinical waste. Encourage the patient in good hand hygiene practice.
Visitors	Place notice on door requesting visitors to report to nurse's station before entering room. Visitors may be restricted. Instruct visitors to wash hands immediately before leaving room and use hand gel after leaving the room.
Terminal Cleaning of Room	All clinical waste must be removed before cleaning room. Wash all horizontal surfaces and equipment and mop floor with 1,000ppm Chlorine solution. Dry thoroughly. For items contaminated with bronchial secretions 'spot disinfect' with a phenolic disinfectant, e.g. clearsol 1%. Allow to dry, rinse and dry.

Patient's own home – Primary Care staff

- for individual care seek advice from the Infection Prevention Control Team as precautions depends on lesion, activity of TB and current treatment regime
- patient's clean home as normal.

Please see Section 2.2, good hand hygiene practice at all times.
Please see Section 4.9 for Individual Disease Policies: Mycobacterium Tuberculosis.

If required, seek advice from the Infection Prevention Control Team.