

5122-3-09

Integrated behavioral healthcare system (IBHS) tuberculosis control program.

- (A) The purpose of this rule shall be to establish a policy that will conform to current medically recommended measures for the control of tuberculosis in all behavioral healthcare organizations (BHOs) under the managing responsibility of the department of mental health (ODMH).
- (B) The following definitions shall apply to this rule in addition to or in place of those appearing in rule 5122-1-01 of the Administrative Code:
- (1) "Active tuberculosis disease" means that tuberculosis has been demonstrated by clinical, bacteriological, or radiographic evidence to be present in an individual who has not completed an appropriate course of anti-tuberculosis medication, regardless of the stage of communicability of the tuberculosis, and includes both pulmonary and extrapulmonary tuberculosis.
 - (2) "Behavioral healthcare organizations" (BHO) means the five state mental healthcare systems which represent nine ODMH hospital sites across the state of Ohio. A broad array of mental health services are provided in acute and long term environments and to community support networks (CSN).
 - (3) "Case record" means a specific clinical record maintained at a department operated facility or program which documents the current physical condition and treatment of a patient or an employee who presently has, or has had, tuberculosis.
 - (4) "Chemoprophylactic therapy" ~~therapy~~ means the treatment applied to prevent development of active disease in an already infected individual.
 - (5) "Communicable tuberculosis" means active tuberculosis that has been determined, through examination of an individual's respiratory tract cultures, to be in a stage at which it can be transmitted to another individual.
 - (6) "Community support network (CSN)" means a system of integrated clinical community mental health services designed through the local board, community service network and the department of mental health, collaborating with consumer needs in the forefront.
 - (7) "Extrapulmonary tuberculosis" means tuberculosis that affects tissue other than the lungs. Extrapulmonary tuberculosis is not communicable.
 - (8) "Infectious" means capable of transmitting infection. (When persons who have

clinically active pulmonary or laryngeal tuberculosis (TB) disease cough or sneeze, they can expel droplets containing mycobacterium tuberculosis into the air).

- (9) "Integrated behavioral healthcare system (IBHS)", means a method of organizing ODMH service delivery to be more responsive to consumers, to improve consistency of clinical quality, to be more cost effective and to incorporate both inpatient and outpatient programs.
- (10) "Medical advisor" means a designated physician who is available to the BHO/CSN ~~BHO~~ and is responsible for monitoring such clinical activities as the treatment and chemoprophylaxis of both active tuberculosis cases and positive reactors.
- (11) "Mycobacterium tuberculosis (TB)" means the organism that causes TB and is sometimes called the tubercle bacillus. It belongs to a group of bacteria called mycobacteria.
- (12) "Purified protein derivative (PPD) - tuberculin test" means a skin test used to evaluate the likelihood that a person is infected with mycobacterial tuberculosis.
- (13) "Pulmonary tuberculosis" means tuberculosis that affects the lungs.
- (14) "Qualified medical provider" means any general hospital or clinic, private physician, health maintenance organization and/or preferred provider organization which is duly licensed and/or certified.
- (15) "Tuberculosis control officer" means the individual assigned responsibility by the chief executive officer for designing, implementing, evaluating and maintaining the tuberculosis control program of the BHO.
- (16) "Tuberculosis infection disease process" " means the condition of a person who is purified protein derivative (PPD) mantoux positive, but whose x-ray changes are compatible with tuberculosis which is stable in serial x-rays, and whose bacteriology study results are negative whether the situation has been previously known or not.

(C) Procedure

- (1) Every patient upon admission to the behavioral healthcare organization (BHO) shall receive tuberculosis testing with informed consent unless documentation

is available that tuberculosis testing has been performed by a qualified medical provider within the past six months, or more frequently based on exposure and risk factors, or the patient refuses to be tested. If the patient refuses to be tested or if prior positive or allergic, he/she shall be referred to the tuberculosis control officer to determine if he/she meets the criteria defined in paragraph (C)(5) of this rule.

- (2) All newly hired employees shall be required to submit to tuberculosis screening as a condition precedent to starting work unless documentation is provided that the employee has received tuberculosis testing by a qualified medical provider within the past twelve months, or more frequently based on exposure and risk factors or the person is allergic, or a prior positive reactor.
- (3) At least annually or more frequently based on exposure and risk factors, all patients and employees at each BHO and patients and employees in community support network (CSN) programs operated by the department shall be screened for tuberculosis. In those situations where employees are working in a community based program or CSN not operated directly by the department, employees will be screened for tuberculosis by the community based program facility. Where such screening is not offered, employees shall be screened for tuberculosis by the department.
- (4) Any employee who is symptomatic of tuberculosis disease process or is found to have active tuberculosis shall be removed from active duty and referred for medical care and not return to work until he/she is no longer infectious and is fit for duty.
- (5) Any patient with symptoms of active tuberculosis (e.g., blood in sputum, night sweats, weight loss), or has had significant exposure to tuberculosis, or is found to have an active tuberculosis disease case shall be immediately referred to the tuberculosis control officer for evaluation ~~evaluation~~, counseling, education and referral for appropriate treatment. This may include isolation and evaluation for court-ordered testing and treatment.
- (6) Each BHO shall establish a written tuberculosis control program that satisfies the current center for disease control and prevention (CDC) guidelines, OSHA regulations and is consistent with the current department tuberculosis control plan.

(D) Leadership and implementation of tuberculosis control program

(1) Leadership

- (a) The chief executive officer of each BHO, in consultation with the BHO chief clinical officer, shall appoint a physician to serve as a medical advisor for the tuberculosis control program.
- (b) The chief executive officer of each BHO, in consultation with the BHO chief clinical officer, shall appoint a registered nurse or a physician to serve as the tuberculosis control officer.
- (c) In the event that the medical advisor or the tuberculosis control officer are unavailable, the CEO shall defer to the BHO chief clinical officer for advice.

(2) Implementation

- (a) The tuberculosis control officer shall become thoroughly acquainted with the department's tuberculosis control program as outlined in this rule and, with the assistance from the medical advisor as needed, shall be responsible for the following:
 - (i) Directing annual tuberculosis screening evaluation of all patients and all employees, utilizing appropriate screening and methods;
 - (ii) Verifying that treatment for patients and employees who have been confirmed to have active tuberculosis disease has been accomplished;
 - (iii) Monitor the continued prescribing of chemoprophylactic therapy for patients and employees who are newly positive skin test convertors;
 - (iv) Developing and distributing continuing education materials and tuberculosis screening questionnaires for use by patients and employees who fail to submit to initial and/or annual tuberculosis screening opportunities;
 - (v) Ensuring that appropriate measures are taken to isolate and treat active tuberculosis disease in the BHO or, if adequate treatment is not available, arranging to transfer patients to hospitals where appropriate treatment can be given;
 - (vi) Directing the follow-up program for patients and employees with

old, inactive tuberculosis disease, ensuring that the recommended x-rays and bacteriological evaluations are completed;

- (vii) Establishing and maintaining up-to-date case records of all patients and employees who have or have had tuberculosis, and submitting reports to ODMH central office as required; and
- (viii) Assuring that required reports are completed and forwarded to appropriate staff and the proper agencies (e.g., local health department, the CDC, etc.).

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CERTIFIED ELECTRONICALLY

Certification

11/30/2005

Date

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