



BHS Policies and Procedures	
	<p>City and County of San Francisco Department of Public Health San Francisco Health Network BEHAVIORAL HEALTH SERVICES</p>
<p>1380 Howard Street, 5th Floor San Francisco, CA 94103 (628) 754-9500</p>	
<p>Policy or Procedure Title: Tuberculosis Screening & Testing for Substance Use Disorder Services Residential Programs</p>	
<p>Issued By: <small>DocuSigned by:</small>  <small>EB51A346C32641B...</small> Maximilian Rocha, LCSW Director of Systems of Care</p> <p>Effective Date: May 8, 2024</p>	<p>Manual Number: 3.02-11</p> <p>References: California Code Regulations, (Title 9 CCR § 10567): Guidelines for the Assessment of Tuberculosis Patient Infectiousness and Placement into High and Low Risk Settings; 42 USC 300x-24(a); 45 CFR 96.127 (SABG Manual)</p>

New Policy.

Equity Statement: The San Francisco Department of Public Health, Behavioral Health Services (BHS) is committed to leading with race and prioritizing Intersectionality, including sex, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to move forward on the continuum of becoming an anti-racist institution through dismantling racism, building solidarity among racial groups, and working towards becoming a Trauma-Informed/Trauma Healing Organization in partnership with staff, clients, communities, and our contractors. We are committed to ensuring that every policy or procedure, developed and implemented, leads with an equity and anti-racist lens. Our policies will provide the highest quality of care for our diverse clients. We are dedicated to ensuring that our providers are equipped to provide services that are responsive to our clients' needs and lived experiences.

Purpose:

Standardize tuberculosis screening and testing in substance use disorder residential programs.

Policy:

This policy applies to all BHS members receiving Substance Use Disorder Services (SUD) in a residential setting facility funded by the San Francisco Department of Public Health Behavioral Health Services (BHS). Every BHS member, who is admitted to a SUD Residential program, shall be tested for Tuberculosis (TB) or provide evidence of having been tested within six (6) months prior to or 30 days after admission and annually thereafter if continuous participation is maintained. Members with a known record of tuberculosis or record of positive testing shall not be required to be retested if a medical provider verifies the member has been screened for active tuberculosis and considered for latent tuberculosis treatment. This is in accordance with California Code Regulations, (Title 9 CCR § 10567).

Procedure:

All members should be screened for tuberculosis when staying at a residential facility and routinely

thereafter. Screening includes a 1) Symptom Screen, 2) TB diagnosis and treatment history review, and 3) Laboratory or radiology testing including Tuberculin Skin Test (TST) or QuantiFERON (QFT) (FDA-approved blood test for TB infection or Chest X-ray. In addition, a baseline CXR (within one month prior to admission or 7 days after admission) is required for all newly enrolled members living with HIV regardless of prior or current TST results. See Appendix 1 for workflow and Appendix 2 for Symptom Screen and TB History Review.

Initial Screening for New Members

- **Members living without HIV or HIV results are unknown**

- All persons should receive a TB symptom screen upon admission. (See appendix 2)
- History: Prior TB diagnosis and treatment for active or latent TB infection (LTBI). (See appendix 2)
- Test: TST or QFT or chest x-ray.
- Symptom review, history review and laboratory or radiology testing shall be performed no more than 6 months prior to or 30 days after admission.
- Members with a positive TST reaction of 10mm or greater or positive QFT results should receive a chest x-ray and a medical evaluation for TB treatment, LTBI Treatment, and/or TB clearance within 7 days of admission.
- The TST should not be performed if there is a reliable history of prior positive TST reaction. If the history is not reliable, the TST should be performed.

- **Members living with HIV**

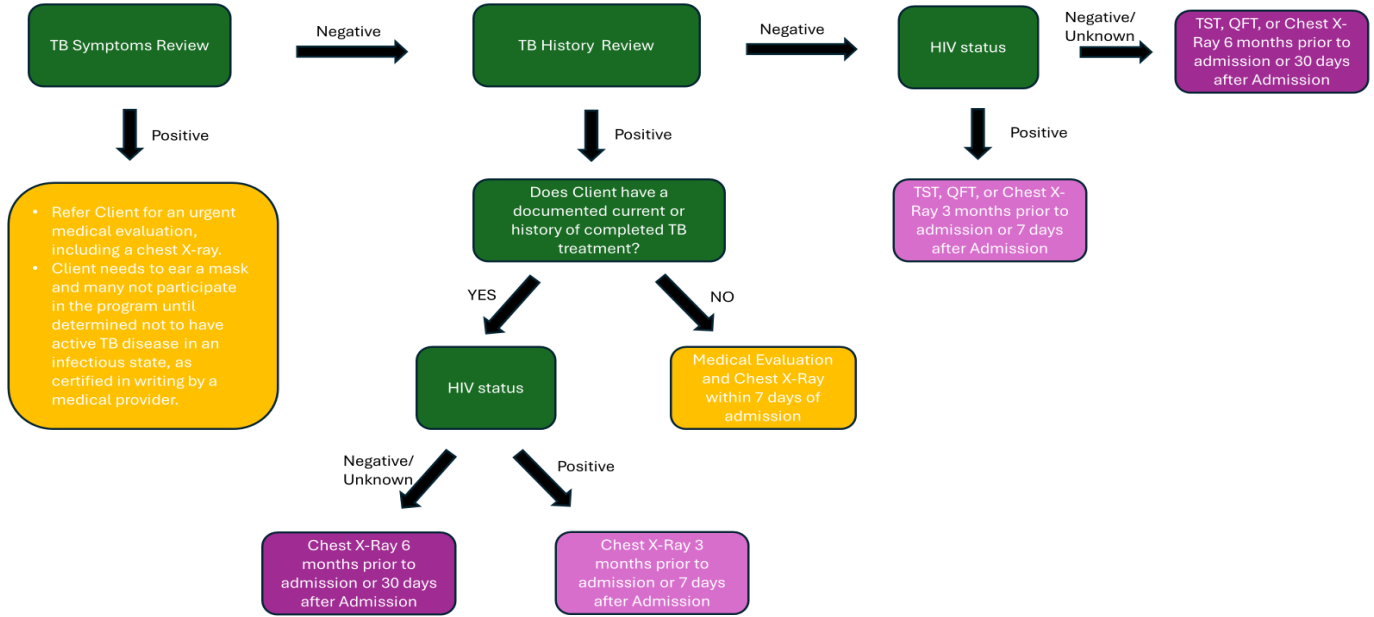
- All persons should receive a TB symptom screen upon admission. (See appendix 2)
- History: prior TB diagnosis and treatment for active or latent TB infection (LTBI). (See appendix 2)
- Test: TST or QFT and Chest X-Ray.
- Above symptom and history review and test shall be performed no more than 3 months prior to or 7 days after admission.
- Members with a positive TST reaction of 5mm or greater or positive QFT results should receive a chest x-ray and a medical evaluation for TB treatment, LTBI Treatment, and/or TB clearance within 7 days of admission.

- **Members with a history of positive TST or QFT**

- When possible, documentation should be sought for those with history of a positive TST or QFT.
- If the TST or QFT results cannot be reliably documented, either: (1) a QFT should be performed; or (2) the person should be medically evaluated for repeat TST.
- All persons should receive a TB symptom screen upon admission.
- Unless there is documentation of the person completing an appropriate regimen of treatment, such persons should provide a clinician's medical clearance within 7 days of admission, including a medical evaluation and chest x-ray. A chest x-ray within the prior 6 months is acceptable.
- Routine follow-up screening should be done annually unless the local TB Control Program recommends it be more frequent.

APPENDIX 1

Tuberculosis Screening Workflow



APPENDIX 2

Tuberculosis Symptom Screen

Do you have any of the following symptoms?

1. A cough lasting for 3 weeks or longer Yes ___ No ___
2. Coughing up blood Yes ___ No ___
3. Fever or night sweats Yes ___ No ___
4. Unexplained weight loss Yes ___ No ___

If the answer to question 1 is Yes, AND the answer to any of the other questions is YES, refer for an urgent medical evaluation, including a chest radiograph (CXR). The client needs to wear a mask and may not participate in the program until determined not to have active tuberculosis (TB) disease in an infectious state, as certified in writing by a medical provider.

TB History Review

- 1.) Do you have a history of a positive tuberculosis test or have you ever been told you have tuberculosis?
Yes ___ No ___
- 2.) Have you ever received treatment for tuberculosis? Yes ___ No ___

If the answer is yes to either question, assess for documentation of TB treatment history in the medical record or current engagement with a medical provider for tuberculosis. If the member has not received treatment for latent or active tuberculosis, proceed with medical evaluation with Chest Xray within 7 days of admission.

Resources for Tuberculosis Prevention and Treatment

Tuberculosis testing: [Get tuberculosis \(TB\) testing | San Francisco \(sf.gov\)](#)

Tuberculosis screening and evaluation is also available at [Zuckerberg San Francisco General Hospital Urgent Care Clinic](#)

Information on the [Tuberculosis Clinic at Zuckerberg San Francisco General Hospital](#)

Contact Person: BHS Nursing Director, (415) 401-2700

References:

- California TB Testing Regulations for Health Care Facilities: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/California-TB-Testing-Regulations.aspx#>
- Clinical Testing Guidance for Tuberculosis: Health Care Personnel: <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>
- CDPH/CTCA Joint Guidelines - TB Screening Guidelines for Substance Use Disorder Treatment Programs in California: https://ctca.org/wp-content/uploads/2018/11/drugprogram2_.pdf
- CDPH/CTCA Joint Guidelines - Guidelines for the Assessment of Tuberculosis Patient Infectiousness and Placement into High and Low Risk Settings: <https://ctca.org/wp-content/uploads/2018/11/InfectiousnessOctober2017.pdf>
- San Francisco Shelter Health Screening Guidelines: <https://www.sf.gov/information/shelter-client-tuberculosis-screening-guidelines#:~:text=City%20Policy,of%20entering%20the%20shelter%20system.>

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