

Cough Alert Guidelines for Shelters

Purpose: To identify active cases of Tuberculosis (TB) before it can spread in homeless shelter, detoxification facilities, and other congregate group settings

Background: Congregate settings such as homeless shelters, pose a risk for the spread of TB and other communicable diseases. Transmission occurs through droplets that are projected when an infected person, coughs, sneezed, or talks, and another person breathers in these droplets.

Unsuspected active TB can result in extensive spread to staff and shelter clients. Many clients who are in need of shelter or detoxification facilities are often times with other conditions that affect the immune system, which puts them at greater risk for TB exposure and active disease progression.

Implementation

The Cough Alert Policy should be implemented as defined below:

Definition

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

Procedures

- 1. Instruct client to cover nose and mouth when coughing with tissue or sleeve, washing his/her hands after coughing. Show the client where to find hand sanitizer, tissues, and appropriate trash bins.
- 2. Determine if the client has a fever over 100.4f and/or look for signs of feverish client feeling warm, appearing flushed, and possible sweating or shivering
- 3. If the client has a fever as well as a cough, give the client a mask to wear while indoors.
- 4. Have a senior staff member speak with the client to obtain medical attention as soon as possible
- 5. Keep a record of the assigned bed number and date of utilization for future reference
- 6. Enter the name of the medical provider referral