Oxford University Hospitals NHS Foundation Trust

Mycobacterium tuberculosis (TB) – At-a-Glance

Definition	Transmitted by inhalation of infectious droplet nuclei generated when an individual has pulmonary or laryngeal TB cough. TB can remain in body for many years as 'latent TB', with the individual asymptomatic and not infectious.
Management	• Anybody admitted with suspected TB must be immediately referred to Infectious Diseases. Infection Prevention & Control and TB nurses should be notified. • Persons with known or suspected pulmonary TB must be isolated in a single room with ensuite facilities. • Any patient with known or suspected Multi drug-resistant (MDR) or Extensively drug-resistant (XDR) must be nursed in a positive pressure ventilated lobby (PPVL) room on John Warin Ward. • The door must be kept closed and the patient must not visit communal areas of the ward. • Isolation Sign – an airborne sign should be displayed on the door. • Whilst a patient is considered infectious, visitors should be restricted to those who have previously had close contact with the patient; masks/apron/gloves are **NOT** required but can be offered. • Transfer to other departments should be avoided, if clinically required receiving departments need to be informed and the patient should wear a surgical mask. • Cough etiquette education must be given and tissues, hand hygiene and disposal facilities provided. • Gloves and aprons must be worn when handling used linen. It is not necessary to handle linen as infected unless it is visibly soiled with sputum or other bodily fluids. **Any specimens from suspected or confirmed TB patients should be labelled with a yellow 'Danger of Infection' sticker**
PPE	• PPE should be worn in line with standard precautions for protection against blood and/or bodily fluids. • A well-fitting FFP3 mask must be worn during contact with suspected or confirmed respiratory TB patients (including MDR or XDR) until the patient is deemed noninfectious. They must also be worn for AGP's when caring for a patient with Extrapulmonary Tuberculosis.
Cleaning	• Only essential equipment should be taken into the room. Use disposable or singlepatient use. If re-usable equipment is unavoidable, it should be cleaned with **Green Clinell Wipes** before being used on another patient. • Daily enhanced cleaning of the isolation room should be performed and a terminal clean required upon discharge. • Cleaning should be avoided when the patient is undergoing an AGP.

Stop isolation when?	• Termination of isolation of a patient should be decided by clinical ID team/TB team in conjunction with Consultant in Communicable Disease Control (CCDC) in consultation with Infection Prevention and Control team. This is usually when at least 2 weeks of appropriate treatment has been completed.

For further information or advice please contact Infection Prevention & Control on Bleep 1747

Infection Prevention & Control Service
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