

Washington State Department of Health (DOH)

# Washington State Tuberculosis Law Manual for Health Officers

DOH Tuberculosis Program

2016



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# TB Elimination Roles and Responsibilities

## Department of Health Tuberculosis Program

The tuberculosis (TB) Program is responsible for the coordination of prevention and elimination of TB within Washington State.

### Mission Statement

The TB program provides leadership, education, and technical expertise that supports national, state, local, and community partnerships in the effort to eliminate TB.<sup>i</sup>

### Program components

- Technical assistance and health education to local health departments, health professionals, and communities.
- Medical consultation.
- Disease and laboratory surveillance.
- Assistance with contact investigations.

## Local Health Jurisdiction (LHJ) TB Program

The responsibility of the LHJ is to ensure that all persons who are suspected of having tuberculosis are identified and evaluated promptly and that an appropriate course of treatment is prescribed and completed successfully.<sup>ii</sup>

In order to carry out these responsibilities, the LHJ should have a physician knowledgeable in the diagnosis and treatment of TB who is available to provide review of diagnoses, plans of management and, if appropriate, discharge from inpatient facilities. In addition, sufficient nursing, clerical, and other appropriate staff should be available to provide treatment, surveillance, evaluation, and investigation.<sup>i</sup>

The LHJ TB program must assure the provision of a comprehensive program for the prevention, treatment, and elimination of TB:

- Prevention and screening, with emphasis on screening of high risk populations.
- Diagnosis and monitoring, including laboratory and radiology.
- Individualized treatment planning consistent with American Thoracic Society/Centers for Disease Control and Prevention statements based on the least restrictive measures necessary to assure appropriate treatment.
- Case management.<sup>i</sup>

Also, the LHJ is responsible for maintaining a register of suspect and diagnosed TB cases and reporting them to the DOH TB program.

## Washington State TB Law

The following list provides a brief description of the most essential laws and regulations pertaining to tuberculosis. In addition to the links provided below you will find the full text RCWs and WACs on the following pages. Key points of interest are highlighted in yellow. In certain instances a supplemental form will accompany an RCW or WAC and can be found in the appendix. These forms are templates that can be used or modified by the LHJ. The DOH TB Program has compiled a list of all [RCWs/WACs related to TB in Washington State](#).

### RCWs

- [70.28.005 Health Officials, Broad Powers to Protect Public Health.](#)
- [70.28.008 Definitions.](#)
- [70.28.010 Healthcare Providers Required to Report Cases.](#)
- [70.28.020 Record of Reports.](#)
- [70.28.025 Secretary's Administrative Responsibility -- Scope.](#)
- [70.28.031 Powers and Duties of Health Officers.](#)
- [70.28.032 Due Process Standards for Testing, Treating, Detaining -- Reporting Requirements -- Training and Scope for Skin Test Administration.](#)
- [70.28.033 Treatment, Isolation, or Examination Order of Health Officer -- Violation -- Penalty.](#)
- [70.28.035 Order of Health Officer -- Refusal to Obey -- Application for Superior Court Order.](#)
- [70.28.037 Superior Court Order for Confinement of Individuals Having Active Tuberculosis.](#)

## RCW 70.28.005 Health Officials, Broad Powers to Protect Public Health.

(1) Tuberculosis has been and continues to be a threat to the public's health in the state of Washington.

(2) While it is important to respect the rights of individuals, the legitimate public interest in protecting the public health and welfare from the spread of a deadly infectious disease outweighs incidental curtailment of individual rights that may occur in implementing effective testing, treatment, and infection control strategies.

(3) To protect the public's health, it is the intent of the legislature that local health officials provide culturally sensitive and medically appropriate early diagnosis, treatment, education, and follow-up to prevent tuberculosis. Further, it is imperative that public health officials and their staff have the necessary authority and discretion to take actions as are necessary to protect the health and welfare of the public, subject to the constitutional protection required under the federal and state constitutions. Nothing in this chapter shall be construed as in any way limiting the broad powers of health officials to act as necessary to protect the public health.

[1994 c 145 § 1.]

## RCW 70.28.008 Definitions.

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise:

- (1) "Department" means the department of health.
- (2) "Secretary" means the secretary of the department of health or his or her designee.
- (3) "Tuberculosis control" refers to the procedures administered in the counties for the control, prevention, and treatment of tuberculosis.

[1999 c 172 § 7; 1991 c 3 § 330; 1983 c 3 § 171; 1971 ex.s. c 277 § 15. Formerly RCW [70.33.010](#).]

### Notes:

**Finding -- Severability -- 1999 c 172:** See notes following RCW [70.28.010](#).

## RCW 70.28.010 Healthcare Providers Required to Report Cases.

All practicing health care providers in the state are hereby required to report to the local health department cases of every person having tuberculosis who has been attended by, or who has come under the observation of, the health care provider within one day thereof.

[1999 c 172 § 2; 1996 c 209 § 1; 1967 c 54 § 1; 1899 c 71 § 1; RRS § 6109.]

### Notes:

**Finding -- 1999 c 172:** "The legislature finds that current statutes relating to the reporting, treatment, and payment for tuberculosis are outdated, and not in concert with current clinical practice and tuberculosis care management. Updating reporting requirements for local health departments will benefit providers, local health, and individuals requiring treatment for tuberculosis." [1999 c 172 § 1.]

**Severability -- 1999 c 172:** "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1999 c 172 § 13.]

**Severability -- 1967 c 54:** "If any provision of this act, or its application to any person or circumstance is held invalid, the remainder of the act, or the application of the provision to other persons or circumstances is not affected." [1967 c 54 § 20.]

## RCW 70.28.020 Record of Reports.

All local health departments in this state are hereby required to receive and keep a record, for a period of ten years from the date of the report, of the reports required by RCW [70.28.010](#) to be made to them; such records shall not be open to public inspection, but shall be submitted to the proper inspection of other local health departments and of the department of health alone, and such records shall not be published nor made public.

[1999 c 172 § 3; 1967 c 54 § 2; 1899 c 71 § 2; RRS § 6110.]

### Notes:

**Finding -- Severability -- 1999 c 172:** See notes following RCW [70.28.010](#).

## RCW 70.28.025 Secretary's Administrative Responsibility — Scope.

The secretary shall have responsibility for establishing standards for the control, prevention, and treatment of tuberculosis and hospitals approved to treat tuberculosis in the state operated under this chapter and chapter [70.30](#) RCW and for providing, either directly or through agreement, contract, or purchase, appropriate facilities and services for persons who are, or may be suffering from tuberculosis except as otherwise provided by RCW [70.30.061](#) or this section.

Under that responsibility, the secretary shall have the following powers and duties:

(1) To develop and enter into such agreements, contracts, or purchase arrangements with counties and public and private agencies or institutions to provide for hospitalization, nursing home, or other appropriate facilities and services, including laboratory services, for persons who are or may be suffering from tuberculosis.

(2) Adopt such rules as are necessary to assure effective patient care and treatment of tuberculosis.

[1999 c 172 § 8; 1983 c 3 § 172; 1973 1st ex.s. c 213 § 2; 1971 ex.s. c 277 § 16. Formerly RCW [70.33.020](#).]

### Notes:

**Finding -- Severability -- 1999 c 172:** See notes following RCW [70.28.010](#).

## RCW 70.28.031 Powers and Duties of Health Officers.

Each health officer is hereby directed to use every available means to ascertain the existence of, and immediately to investigate, all reported or suspected cases of tuberculosis in the infectious stages within his or her jurisdiction and to ascertain the sources of such infections. In carrying out such investigations, each health officer is hereby invested with full powers of inspection, examination, treatment, and quarantine or isolation of all persons known to be infected with tuberculosis in an infectious stage or persons who have been previously diagnosed as having tuberculosis and who are under medical orders for treatment or periodic follow-up examinations and is hereby directed:

(a) To make such examinations as are deemed necessary of persons reasonably suspected of having tuberculosis in an infectious stage and to isolate and treat or isolate, treat, and quarantine such persons, whenever deemed necessary for the protection of the public health.

(b) To make such examinations as deemed necessary of persons who have been previously diagnosed as having tuberculosis and who are under medical orders for periodic follow-up examinations.

(c) Follow local rules and regulations regarding examinations, treatment, quarantine, or isolation, and all rules, regulations, and orders of the state board and of the department in carrying out such examination, treatment, quarantine, or isolation.

(d) Whenever the health officer shall determine on reasonable grounds that an examination or treatment of any person is necessary for the preservation and protection of the public health, he or she shall make an examination order in writing, setting forth the name of the person to be examined, the time and place of the examination, the treatment, and such other terms and conditions as may be necessary to protect the public health. Nothing contained in this subdivision shall be construed to prevent any person whom the health officer determines should have an examination or treatment for infectious tuberculosis from having such an examination or treatment made by a physician of his or her own choice who is licensed to practice osteopathic medicine and surgery under chapter [18.57](#) RCW or medicine and surgery under chapter [18.71](#) RCW under such terms and conditions as the health officer shall determine on reasonable grounds to be necessary to protect the public health.

(e) Whenever the health officer shall determine that quarantine, treatment, or isolation in a particular case is necessary for the preservation and protection of the public health, he or she shall make an order to that effect in writing, setting forth the name of the person, the period of time during which the order shall remain effective, the place of treatment, isolation, or quarantine, and such other terms and conditions as may be necessary to protect the public health.

**Supporting forms:** [Acknowledgement of TB Counseling](#), [Isolation Agreement](#), [DOT Agreement](#).

(f) Upon the making of an examination, treatment, isolation, or quarantine order as provided in this section, a copy of such order shall be served upon the person named in such order.

**Supporting form:** [Voluntary Agreement](#)

(g) Upon the receipt of information that any examination, treatment, quarantine, or isolation order, made and served as herein provided, has been violated, the health officer shall advise the prosecuting attorney of the county in which such violation has occurred, in writing, and shall submit

to such prosecuting attorney the information in his or her possession relating to the subject matter of such examination, treatment, isolation, or quarantine order, and of such violation or violations thereof.

(h) Any and all orders authorized under this section shall be made by the health officer or his or her tuberculosis control officer.

(i) Nothing in this chapter shall be construed to abridge the right of any person to rely exclusively on spiritual means alone through prayer to treat tuberculosis in accordance with the tenets and practice of any well-recognized church or religious denomination, nor shall anything in this chapter be deemed to prohibit a person who is inflicted with tuberculosis from being isolated or quarantined in a private place of his own choice, provided, it is approved by the local health officer, and all laws, rules and regulations governing control, sanitation, isolation, and quarantine are complied with.

[1996 c 209 § 2; 1996 c 178 § 21; 1967 c 54 § 4.]

**Notes:**

**Reviser's note:** This section was amended by 1996 c 178 § 21 and by 1996 c 209 § 2, each without reference to the other. Both amendments are incorporated in the publication of this section under RCW [1.12.025\(2\)](#). For rule of construction, see RCW [1.12.025\(1\)](#).

**Effective date -- 1996 c 178:** See note following RCW [18.35.110](#).

**Supporting Form:** [Petition for Detention](#), [Involuntary Notice](#)

## RCW 70.28.032 Due Process Standards for Testing, Treating, Retaining — Reporting Requirements — Training and Scope for Skin Test Administration.

(1) The state board of health shall adopt rules establishing the requirements for:

(a) Reporting confirmed or suspected cases of tuberculosis by health care providers and reporting of laboratory results consistent with tuberculosis by medical test sites.

(b) Due process standards for health officers exercising their authority to involuntarily detain, test, treat, or isolate persons with suspected or confirmed tuberculosis under RCW [70.28.031](#) and [70.05.070](#) that provide for release from any involuntary detention, testing, treatment, or isolation as soon as the health officer determines the patient no longer represents a risk to the public's health.

(c) Training of persons to perform tuberculosis skin testing and to administer tuberculosis medications.

(2) Notwithstanding any other provision of law, persons trained under subsection (1)(c) of this section may perform skin testing and administer medications if doing so as part of a program established by a state or local health officer to control tuberculosis.

[1996 c 209 § 3; 1994 c 145 § 2.]

**Note:** An [electronic based training module](#) is available through the DOH TB Program for outreach workers needing certification in TB testing and/or DOT.

## RCW 70.28.033 Treatment, Isolation, or Examination Order of Health Officer — Violation —Penalty.

In as much as the order provided for by RCW [70.28.031](#) is for the protection of the public health, any person who, after service upon him or her of an order of a health officer directing his or her treatment, isolation, or examination as provided for in RCW [70.28.031](#), violates or fails to comply with the same or any provision thereof, is guilty of a misdemeanor, and, upon conviction thereof, in addition to any and all other penalties which may be imposed by law upon such conviction, may be ordered by the court confined until such order of such health officer shall have been fully complied with or terminated by such health officer, but not exceeding six months from the date of passing judgment upon such conviction: PROVIDED, That the court, upon suitable assurances that such order of such health officer will be complied with, may place any person convicted of a violation of such order of such health officer upon probation for a period not to exceed two years, upon condition that the said order of said health officer be fully complied with: AND PROVIDED FURTHER, That upon any subsequent violation of such order of such health officer, such probation shall be terminated and confinement as herein provided ordered by the court.

[1996 c 209 § 4; 1967 c 54 § 5.]

**Supporting Forms:** [Voluntary Agreement](#), [Involuntary Notice](#)

## RCW 70.28.035 Order of Health Officer — Refusal to obey — Application for Superior Court Order.

In addition to the proceedings set forth in RCW [70.28.031](#), where a local health officer has reasonable cause to believe that an individual has tuberculosis as defined in the rules and regulations of the state board of health, and the individual refuses to obey the order of the local health officer to appear for an initial examination or a follow-up examination or an order for treatment, isolation, or quarantine, the health officer may apply to the superior court for an order requiring the individual to comply with the order of the local health officer.

[1996 c 209 § 5; 1967 c 54 § 6.]

**Supporting Forms:** [Voluntary Agreement](#), [Involuntary Notice](#), [Petition for Detention](#), [Superior Court Order](#)

## RCW 70.28.037 Superior Court Order for Confinement of Individuals Having Active Tuberculosis.

Where it has been determined after an examination as prescribed in this chapter that an individual has active tuberculosis, upon application to the superior court by the local health officer, the superior court shall order the sheriff to transport the individual to a designated facility for isolation, treatment, and care until such time as the local health officer or designee determines that the patient's condition is such that it is safe for the patient to be discharged from the facility.

[1999 c 172 § 4; 1967 c 54 § 7.]

### Notes:

**Finding -- Severability -- 1999 c 172:** See notes following RCW [70.28.010](#).

**Supporting Forms:** [Notice to Transporting Personnel](#)

## WACs

- [246-101](#) [Notifiable Conditions](#)
- [246-100-211](#) [Special Diseases-Tuberculosis](#)
- [246-170-002](#) [Findings and Purpose](#)
- [246-170-011](#) [Definitions.](#)
- [246-170-021](#) [Responsibility of Local Health Officers](#)
- [246-170-031](#) [Local Health Department Responsibilities](#)
- [246-170-035](#) [Tuberculin Skin Testing and Medication Administration Training](#)
- [246-170-041](#) [Inpatient Services Requirements](#)
- [246-170-051](#) [Procedures for Involuntary Testing, Treatment, and Detention](#)
- [246-170-055](#) [Due Process Proceedings](#)
- [246-170-061](#) [Initiation of Testing or Treatment](#)
- [246-170-065](#) [Persons Already Detained, Confined, or Committed](#)

## WAC 246-101 Notifiable Conditions

Public Health Surveillance is the collection, investigation and distribution of data about illness and death. This surveillance helps prevent and control disease in Washington State. Surveillance is used to protect and improve the health of the public by:

- Describing disease trends.
- Identifying and controlling the sources of infection.
- Educating the public and.
- Preventing disease.

In Washington State, health care providers, health care facilities, laboratories, veterinarians, food service establishments, child day care facilities, and schools are [legally required](#) to notify public health authorities at their local health jurisdiction of suspected or confirmed cases of selected diseases or conditions. These are referred to as **notifiable conditions**.

Most of Washington State's notifiable conditions can be found on the [List of Notifiable Conditions](#) page. Access to commonly used resources such as reporting forms and investigation guidelines for public health investigators can also be found on the page, along with links to disease pages for most conditions. For a complete list of notifiable conditions, see [WAC 246-101](#).<sup>iii</sup>

No agency filings affecting this section since 2003

## WAC 246-100-211 Special Disease-Tuberculosis

(1) Health care providers diagnosing or caring for a person with tuberculosis, whether pulmonary or non-pulmonary, shall:

(a) Report the case to the local health officer or local health department in accordance with the provisions of this chapter.

(b) Report patient status to the local health officer every three months or as requested.

(2) The local health officer or local health department shall:

(a) Have primary responsibility for control of tuberculosis within the designated jurisdiction.

(b) Maintain a tuberculosis control program including.

(i) Prophylaxis.

(ii) Treatment.

(iii) Surveillance.

(iv) Case finding.

(v) Contact tracing.

(vi) Other aspects of epidemiologic investigation.

(c) Maintain a tuberculosis register of all persons with tuberculosis, whether new or recurrent, within the local jurisdiction including information about:

(i) Identification of patient.

(ii) Clinical condition.

(iii) Epidemiology of disease.

(iv) Frequency of examinations.

(d) Impose isolation of a person with tuberculosis in an infectious stage if that person does not observe precautions to prevent the spread of the infection.

(e) Designate the place of isolation when imposed.

(f) Release the person from isolation when appropriate.

(g) Maintain and provide outpatient tuberculosis diagnostic and treatment services as necessary, including public health nursing services and physician consultation.

(h) Submit reports of all cases to the department in accordance with the provisions of this chapter.

(3) When a person with tuberculosis requires hospitalization:

(a) Hospital admission shall occur in accordance with procedures arranged by the local health officer and the medical director or administrator of the hospital.

(b) The principal health care provider shall:

(i) Maintain responsibility for deciding date of discharge.

(ii) Notify the local health officer of intended discharge in order to assure appropriate outpatient arrangements.

[Statutory Authority: RCW [43.20.050](#). WSR 91-02-051 (Order 124B), recodified as § 246-100-211, filed 12/27/90, effective 1/31/91; WSR 87-11-047 (Order 302), § 248-100-211, filed 5/19/87.]

## WAC 246-170-002 Findings and Purpose.

(1) The board of health finds that:

(a) Pulmonary tuberculosis is a life-threatening airborne disease that can be casually transmitted without significant interaction with an infectious person. Tuberculosis has reemerged as an epidemic disease nationally, and though Washington State is not in an epidemic yet, the increasing number of cases in Washington state each year clearly demonstrate that absent timely and effective public health intervention in individual cases, the residents of the state of Washington are at risk of being infected by tuberculosis.

(b) In order to limit the spread of tuberculosis, it is essential that individuals who have the disease are diagnosed and treated before they infect others. Diagnosis requires a variety of methodologies including skin tests, X-rays, and laboratory analysis of sputum samples.

(c) A person with infectious tuberculosis who does not voluntarily submit to appropriate testing, treatment, or infection control methods poses an unreasonable risk of spreading the disease to those who come into the infectious person's proximity.

(d) Although the recommended course of treatment for tuberculosis varies somewhat from one individual to another, at a minimum, effective treatment requires a long-term regimen of multiple drug therapy. Some drugs are effective with some individuals but not others. The development of the appropriate course of treatment for any one individual may require trying different combinations of drugs and repeated drug susceptibility testing. The course of treatment may require as long as several years to complete.

(e) A person who begins a course of treatment for tuberculosis and fails to follow the recommended course through to completion is highly likely to relapse at some point into infectious tuberculosis. The person will most likely then be infected with what is known as multiple drug resistant tuberculosis, which is more virulent, more difficult to treat, and more likely to result in fatality. A person who is infectious with multiple drug resistant tuberculosis poses a significant risk of transmitting multiple drug resistant tuberculosis to other persons, unless appropriate treatment and infection control methods are followed.

(f) Multiple drug resistant tuberculosis is a significant element in the epidemic that is being encountered nation-wide, and effective public health interventions are necessary to prevent that epidemic from developing in or spreading to Washington State.

(2) The following rules are adopted for the purpose of establishing standards necessary to protect the public health by:

(a) Assuring the diagnosis, treatment, and prevention of tuberculosis.

(b) Assuring that the highest priority is given to providing appropriate individualized preventive and curative treatment in the least restrictive setting.

[Statutory Authority: ESB 6158 and chapter 70.28 RCW. WSR 95-04-035, § 246-170-002, filed 1/24/95, effective 1/24/95.]

## WAC 246-170-011 Definitions.

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

"Case management" means a comprehensive, ongoing identification of needs, including the need for any medical, social, educational, or other support services; the development and implementation of a detailed plan of services and related activities; use of community linkages; and advocacy for the client performed in a prescribed, accountable manner.

"Confirmed" or "confirmed case" means an individual who has a positive bacteriologic culture for *Mycobacterium tuberculosis* complex or a suspected case that shows response to an appropriate course of treatment.

"Department" means the department of health.

"Detention" or "detain" means the act of restricting an individual's movement by confining the person.

"Directly observed therapy (DOT)" and "directly observed preventive therapy (DOPT)" mean providing oral medications to patients and observing ingestion of medications by patients.

"Infected" means an individual who has tubercle bacilli as identified by a positive tuberculin skin test, but is not capable of transmitting the organism to another person.

"Infectious" means the stage of disease in which an individual transmits viable tuberculosis organisms into the air.

"Inpatient" means health care furnished to an individual who has been admitted to a hospital.

"Outpatient" means health care furnished to an individual who is not an inpatient.

"Personal protective equipment" means respirators and other equipment as required by the department of labor and industries.

"Prevention" means the interventions that interrupt the spread of tuberculosis, either within an individual, within the population, or both.

"Preventive therapy" means either treatment to prevent infection in an uninfected person or treatment to prevent disease in an infected person.

"Primary health care provider" means the person who assumes the day-to-day medical care of a tuberculosis patient.

"Suspected case" means an individual with signs or symptoms suggestive of tuberculosis disease prior to confirmation.

"Treatment" means a course of long-term multiple drug or other appropriate therapy prescribed for an individual with suspected or confirmed disease in accordance with accepted medical practice and current applicable national and state guidelines, and may include preventive therapy.

"Tuberculin skin test" means the introduction of purified protein derivative (PPD) by the Mantoux method.

"Tuberculosis community health worker" means an unlicensed person trained to perform tuberculin skin testing, directly observed therapy, and directly observed preventive therapy and working pursuant to chapter [70.28](#) RCW as part of a program established by a state or local health officer to control tuberculosis.

[Statutory Authority: ESB 6158 and chapter [70.28](#) RCW. WSR 95-04-035, § 246-170-011, filed 1/24/95, effective 1/24/95.]

## WAC 246-170-021 Responsibility of Local Health Officers.

Each county, city-county and district health officer is responsible for the control of tuberculosis within a jurisdiction. Each health officer shall act as or shall designate a physician to act as tuberculosis control officer. This individual shall coordinate all aspects of the prevention, treatment, and control program.

[Statutory Authority: ESB 6158 and chapter [70.28](#) RCW. WSR 95-04-035, § 246-170-021, filed 1/24/95, effective 1/24/95.]

## WAC 246-170-031 Local Health Department Responsibilities.

(1) Each local health department shall assure the provision of a comprehensive program for the prevention, treatment, and control of tuberculosis. Services shall include:

- (a) Prevention and screening, with emphasis on screening of high risk populations.
- (b) Diagnosis and monitoring, including laboratory and radiology.
- (c) Individualized treatment planning consistent with American Thoracic Society/Centers for Disease Control and Prevention statements based on the least restrictive measures necessary to assure appropriate treatment.
- (d) Case management.

(2) In the absence of third party reimbursement, the local health department shall assure the provision of inpatient or outpatient care, including DOT/DOPT and case management.

(3) Each local health department shall maintain a register of all diagnosed or suspected cases of tuberculosis. In addition, each local health department shall also maintain a register of individuals to whom that health department is providing preventive therapy. Quarterly status reports on suspected and diagnosed cases shall be furnished to the department of health tuberculosis control program.

(4) A physician knowledgeable in the diagnosis and treatment of tuberculosis approved by the department shall be available to provide review of diagnoses, plans of management and, if appropriate, discharge from inpatient facilities.

(5) Sufficient nursing, clerical, and other appropriate personnel shall be provided to furnish supervision of preventive and outpatient treatment, surveillance, suspect evaluation, epidemiologic investigation, and contact workup.

[Statutory Authority: ESB 6158 and chapter [70.28](#) RCW. WSR 95-04-035, § 246-170-031, filed 1/24/95, effective 1/24/95.]

## WAC 246-170-035 Tuberculin Skin Testing & Medication Administration Training.

The department shall make available a course to be used by the state tuberculosis control program or local health departments to train tuberculosis community health workers.

This course shall include, but not be limited to:

- (1) Tuberculosis infection and disease, including prevention, transmission, pathogenesis, diagnosis and treatment.
- (2) The administration, reading, and interpretation of the Mantoux tuberculin skin test.
- (3) The performance of oral directly observed therapy and directly observed preventive therapy.
- (4) Adverse reactions to tuberculosis medications and how to monitor patients for adverse reactions.
- (5) Appropriate referral mechanisms for positive skin tests, adverse reactions, or other medical needs.
- (6) Personal health and safety requirements including the use of personal protective equipment.

[Statutory Authority: ESB 6158 and chapter [70.28](#) RCW. WSR 94-20-080, § 246-170-035, filed 10/4/94, effective 11/4/94.]

**Note: An electronic based training module is available through the DOH TB Program for outreach workers needing certification in TB testing and/or DOT. For more information go to: <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Tuberculosis.aspx>**

## WAC 246-170-041 Inpatient services requirements.

(1) Inpatient services to infectious or suspected cases shall be provided in hospitals or hospital units of correctional facilities. These facilities shall meet infection control program requirements pursuant to WAC [246-318-035](#), and shall provide:

(a) A single-patient room consistent with the guidelines set forth in the *1994 CDC Guidelines For Preventing the Transmission of Tuberculosis in Health Care Facilities*, or as hereafter amended. Copies of these guidelines are available from the Washington state department of health, TB control program.

(b) Medical, nursing, laboratory, radiology, pharmacy, patient education, and social services.

(c) Discharge conferences involving at least the current primary provider, a local health department representative, and transferring and receiving facility representatives.

(2) Suspected and infectious cases may be housed and treated in other settings not meeting the requirements of this section only as approved by the local health officer.

[Statutory Authority: ESB 6158 and chapter [70.28](#) RCW. WSR 95-04-035, § 246-170-041, filed 1/24/95, effective 1/24/95.]

## WAC 246-170-051 Procedures for Involuntary Testing, Treatment, & Detention.

(1) A local health officer shall make reasonable efforts to obtain voluntary compliance with requests for examination, testing, and treatment prior to initiating the procedures for involuntary detention.

(2) If the local health officer has reason to believe that:

(a) A person is a suspected case, and that the person has failed to comply with a documented request from a health care practitioner or the local health officer to submit to examination and testing.

(b) A person with confirmed tuberculosis is failing to comply with an individual treatment plan approved by the local health officer.

(c) A person who is either a suspected or confirmed case and is failing to comply with infection control directives issued by the local health officer.

OR

(d) A person is a suspected or confirmed case of tuberculosis based upon generally accepted standards of medical and public health science. A local health officer shall investigate and evaluate the factual basis supporting his or her "reason to believe"; then the health officer may detain the person, cause the person to be detained by written order, or petition the superior court *ex parte* for an order to take the person into emergency detention for testing or treatment, or both. The period of detention shall not exceed seventy-two hours, excluding weekends and holidays.

(3) At the time of detention the person detained shall be given the following written notice:

NOTICE:

- You have the right to a superior court hearing within seventy-two hours of detention, excluding holidays and weekends.
- You have the right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you should request the appointment of counsel at this time. If you currently have legal counsel, then you have an opportunity to contact that counsel for assistance.
- You have a right to contest the facts alleged against you, to cross-examine witnesses, and to present evidence and witnesses on your behalf.
- You have a right to appeal any decision made by the court.
- You may be given appropriate TB medications only on your informed consent, or pursuant to a court order.

(4) If a person is involuntarily detained under this section, within one judicial day of initial detention, the local health officer shall file with the superior court in the county of detention a petition for detention. A petition filed under this section shall specify:

(a) The basis for the local health officer's belief that the respondent is either a suspected or confirmed case; including the name, address and phone numbers of whom the health officer expects to testify in support of the petition for detention and identification of any and all medical tests and records relied upon by the local health officer.

(b) The specific actions taken by the local health officer to obtain voluntary compliance by the respondent with recommended examination and testing or treatment, as the case may be.

(c) The nature and duration of further detention or other court-ordered action that the local health officer believes is necessary in order to assure that the respondent is appropriately tested or treated.

(d) The basis for believing that further detention or other court-ordered action is necessary to protect the public health.

(e) Other information the local health officer believes is pertinent to the proper resolution of the petition.

(5) Service on respondent. The health officer shall serve a copy of the petition on the individual named therein at the time of the detention. If the person informs the health officer that he or she is represented by legal counsel, service on such counsel shall be made by delivering a copy of the petition to the attorney's office no later than the time of filing the petition with the superior court.

[Statutory Authority: ESB 6158 and chapter [70.28](#) RCW. WSR 95-04-035, § 246-170-051, filed 1/24/95, effective 1/24/95.]

**Supporting Forms:** [Acknowledgement of TB Counseling](#), [Isolation Agreement](#), [DOT Agreement](#), [Voluntary Agreement](#), [Involuntary Notice](#)

## WAC 246-170-055 Due Process Proceedings.

(1) A hearing on the petition for detention filed under WAC [246-170-051](#) shall be conducted in superior court within seventy-two hours after initial detention, excluding weekends and holidays. The local health officer shall have the burden of proving the allegations set forth in the petition by a preponderance of the evidence. The person named in the petition shall have the right to cross-examine witnesses, present evidence, and be represented by an attorney at any hearing held on the petition. If the person is indigent and requests appointment of legal counsel, legal counsel shall be appointed at public expense at least twenty-four hours prior to the superior court hearing.

(2) At the conclusion of the hearing, the court shall consider the evidence, the action taken by the health officer to secure voluntary compliance by the patient, and the purpose and intent of the public health laws, including this chapter, and may take one of the following actions:

(a) If the court finds that the respondent is a suspected case, the court may enter an order requiring that the person be subjected to further examination, testing, and treatment as specified in the court's order. If the court finds that further detention of the respondent is necessary in order to assure that the examination, testing, and treatment occurs, or to protect the public health the court may order that the respondent be detained for an additional period not to exceed forty-five days. The results of testing conducted under this chapter shall be provided to the court and the person detained or his or her legal counsel as soon as they are available to the local health officer. The court may then conduct an additional hearing to determine whether the person is a confirmed case and, if so, whether further measures are necessary to protect the public health pursuant to (b) or (c) of this subsection.

(b) If the court finds that the person is a confirmed case, that further measures less restrictive than detention of the respondent are necessary to assure that appropriate treatment is implemented and that imposition of less restrictive measures will be sufficient to protect the public health, the court may enter an order setting forth such measures and ordering the respondent to comply with the measures.

(c) If the court finds that the person is a confirmed case, that further detention of the respondent is necessary to protect the public health, and that imposition of less restrictive measures will not be sufficient to protect the public health, the court may order that the respondent be detained and treated for an additional period not to exceed forty-five days.

(d) If the court finds that there is insufficient evidence to support the petition for detention, then the court shall immediately release the person detained.

(3) A person detained under this chapter may be released prior to the expiration of the court-ordered detention if the health officer or the court finds that less restrictive measures are sufficient to protect the public health. The court may impose such conditions on the release of the person as the court finds necessary to protect the public health. A person detained under this chapter may also petition the court for release based upon new evidence or a change in circumstances.

(4) The court may extend a period of court-ordered detention for additional periods not to exceed one hundred eighty days each following a hearing as described in WAC [246-170-051](#) and this section, if the court finds that the requirements of subsection (2)(a), (b), or (c) of this section have been met and if the court finds that further detention is necessary to assure that appropriate treatment is implemented, and that imposition of less restrictive measures are not sufficient to protect the public health. As an alternative to extending the period of detention, if the court finds after hearing that further measures less restrictive than detention are necessary to assure that appropriate treatment is continued, and that imposition of less restrictive measures will be sufficient to protect the public health, the court may enter an order setting forth the measures and ordering the respondent to comply.

(5) In the event that a person has been released from detention prior to completion of the prescribed course of treatment and fails to comply with the prescribed course of treatment, the health officer where that individual is found may detain that person, and any court having jurisdiction of the person may order the person detained for an additional period or periods, not to exceed one hundred eighty days each, as the court finds necessary to protect the public health.

(6) If a person has been detained in a county other than the county in which the court that originally ordered the detention is located, venue of the proceedings may remain in the original county, or may be transferred to the county of detention. Change in venue may be sought either by the local health officer in the original county or in the county of detention, or by the person detained. Except as otherwise agreed between the original health officer and the health officer in the county of detention, the original health officer retains jurisdiction over the detained person, including financial responsibility for costs incurred in implementing and continuing the detention.

(7) Court orders entered under this chapter shall be entered only after a hearing at which the respondent is accorded the same rights as at the initial hearing on the petition for detention.

(8)

(a) When a court order for detention is issued, the transporting law enforcement agency and the receiving facility shall be informed of the infectious TB status of the person for disease control and the protection of the health of the staff, other offenders and the public. Such information shall be made available prior to the transport.

(b) Whenever disclosure is made pursuant to this subsection, it shall be accompanied by a statement in writing which includes the following or substantially similar language: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it except as authorized by state law."

(c) Transporting agencies and/or receiving facilities shall establish and implement policies and procedures that maintain confidentiality related to the detained person's medical information as defined in this subsection and state law.

[Statutory Authority: ESB 6158 and chapter 70.28 RCW. WSR 95-04-035, § 246-170-055, filed 1/24/95, effective 1/24/95.] **Note: See the [Legal Intervention for TB Elimination in Washington State Flowchart](#) for more information about the due process.**

## WAC 246-170-061 Initiation of testing or treatment.

If a person has been detained under WAC [246-170-051](#) or [246-170-055](#), the health officer may begin testing or treatment, **with informed consent**, or pursuant to a court order as appropriate, pending the hearing required under WAC [246-170-055](#).

[Statutory Authority: ESB 6158 and chapter [70.28](#) RCW. WSR 95-04-035, § 246-170-061, filed 1/24/95, effective 1/24/95.]

**Supporting Form:** [Acknowledgement of TB Counseling](#)

## WAC 246-170-065 Persons Already Detained, Confined, or Committed.

(1) The provisions of WAC [246-170-051](#) through [246-170-061](#) do not apply to persons who have been lawfully detained, confined, or committed to the custody of a penal institution, a mental health facility, or another public or private institution. The person in charge of such facility or his or her designee shall report to the local health officer the names of persons in custody who are either a suspected or confirmed case. The report shall include information indicating the date upon which the person is to be released from the facility, if known, and if no specific release date has been determined, the earliest date upon which release is likely to occur. A person in custody may be ordered to undergo examination and testing or treatment, as appropriate, by the person in charge of the facility or designee, subject to such constitutional or other requirements as may be applicable.

(2) The person in charge of a custodial facility shall notify the local health officer and the department of the release of a person who is at the time of release reasonably believed to be either a suspected or confirmed case. The notice shall be given to the local health officer where the facility is located and to the local health officer having jurisdiction over the place to which the person is being released, if known. The notice shall be given as early as is practical, but in no event later than the time of the actual release.

[Statutory Authority: ESB 6158 and chapter [70.28](#) RCW. WSR 95-04-035, § 246-170-065, filed 1/24/95, effective 1/24/95.]

## Pursuing a Court Order or Detention

In Washington State, health officers are granted the authority to pursue legal intervention for suspect or confirmed TB cases in order to protect the public health. The laws stated previously in this document provide detail on how to petition for legal intervention, including reference to documentation showing that all other lesser restrictive measures have been attempted. Suggested forms for this documentation are:

1. [Acknowledgement of TB Counseling](#).
2. [DOT Agreement](#).
3. [Isolation Agreement](#).
4. [Voluntary Agreement](#) (Health Officer Order).
5. [Involuntary Notice](#).
6. [Petition to Superior Court for Involuntary Detention](#).
7. [Order Granting Detention](#).

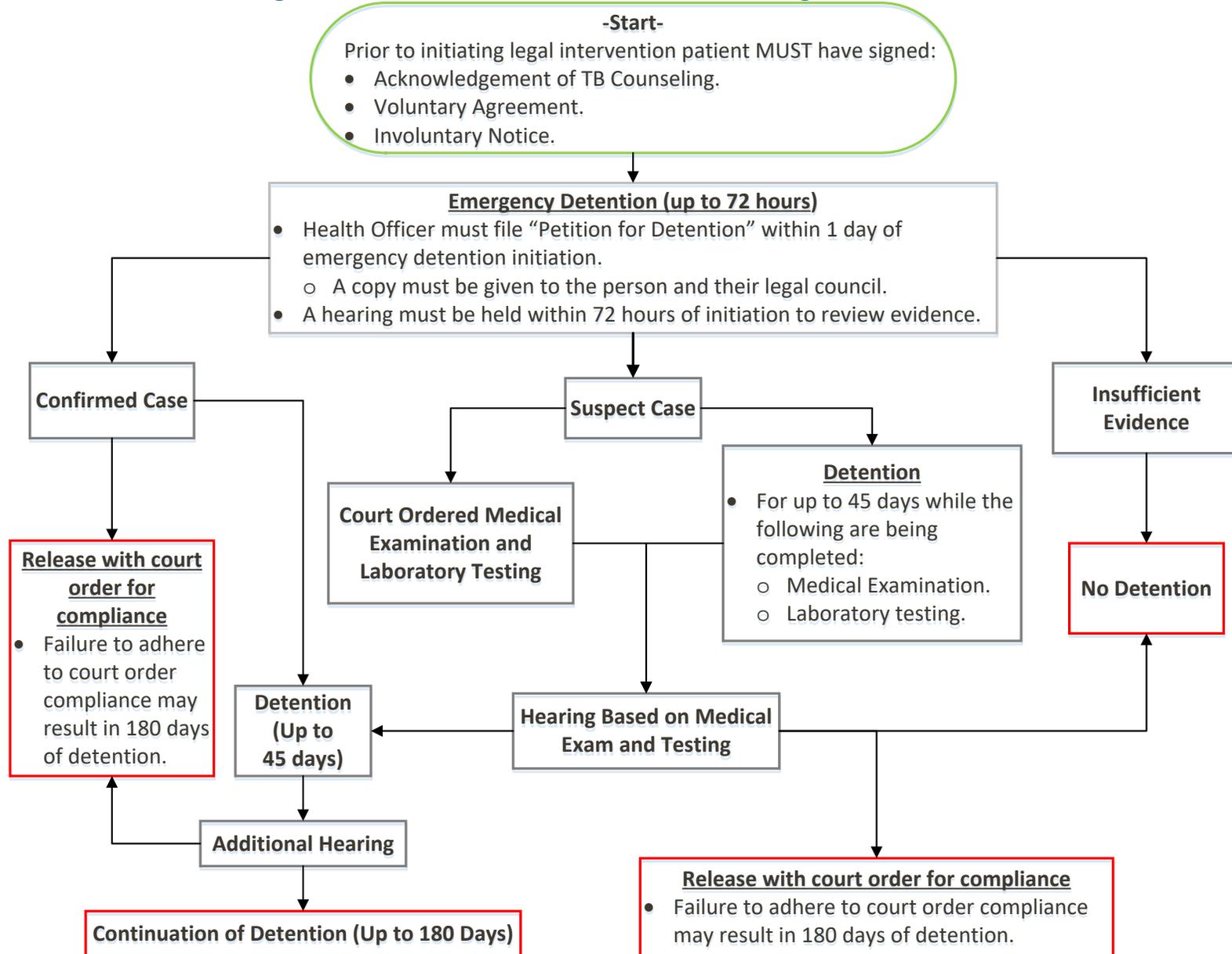
Also assuring that TB program staff document adherence issues and attempts made to improve adherence is important.

In addition to proper documentation, it is important to have a plan in place for how detainment would be carried out prior to having to initiate this intervention. Some suggestions include:

1. Know where isolation would take place (Hospital, Jail, etc.). Not all locations are appropriate for isolation due to lack of staffing or isolation rooms. In some instances, a standing agreement with a facility may be helpful.
2. Determine how the patient would be detained. In most cases law enforcement would be used to detain the patient. Depending on your relationship with local law enforcement, having a standing agreement with them may be helpful as well. Also, making sure they are prepared to carry out appropriate infection control measures during transport is important.
3. Discuss with your health departments attorney the steps involved in pursuing legal intervention and the forms and documentation that are satisfactory for the process.

The flowchart on the following page summarizes the due process for legal intervention in TB elimination.

## Legal Intervention for TB Elimination in Washington State Flowchart



## Initiating “Do Not Board” Protocol

In some instances an infectious patient may want to travel against the advice of the health officer. When this occurs, the health officer has the ability to request the patient be placed on a “Do Not Board” list to prevent them from traveling while infectious. The following is a summary of the DOH “Do Not Board Protocol” and the questionnaire that must be submitted in order to complete the request.

### DOH “Do Not Board” Protocol

1. LHJ to contact DOH about potential “Do Not Board” situation ASAP; **verbal or written request must be made by the county’s Health Officer or TB Medical Consultant.**
2. LHJ to complete information needed for DNB Questionnaire (see attachment).
3. Other LHJ activities
  - a. Utilize an interpreter from time of first contact with patient and family, if needed.
  - b. Tell patient not to fly and advise to cancel flight.
  - c. Obtain ticket information.
  - d. Check with airlines for reservation cancellation.
  - e. Laboratory information.
    - i. Check whether probes of specimens are back, and if not, when they will be done.
    - ii. If known positive MTB, check if sensitivities are done.
    - iii. If outside laboratory is used, provide laboratory name and specimen information to DOH TB Program Nurse Consultant. Nurse Consultant will contact PHL so PHL can obtain isolate. Request NAAT on specimen sent to PHL, if not already done
  - f. Patient should be in isolation and advised that they must not travel via public transportation.
  - g. Issue an isolation order and obtain a Health Officer’s Order if necessary.
  - h. LHJ to document patient education regarding infection control and the prevention of secondary infection
4. DOH Activities
  - a. Determine whether a molecular beacon is indicated; if needed arrange testing with the WA PHL.
  - b. DOH to contact Seattle Quarantine Station (206) 553-4519 as soon as basic information for a Do Not Board request has been gathered.
  - c. Submit completed worksheets to Seattle Quarantine Station. FAX (206) 553-0855.
  - d. DOH to work with LHJ (TB staff and Health Officer) and CDC to set up conference call to discuss Do Not Board request.
5. LHJ to inform patient of outcome of Do Not Board process.
6. LHJ to notify DOH when it is time to request lifting of Do Not Board order.

#### Notes:

1. A lapsed visa is not a concern when obtaining a Do Not Board order.

## “Do Not Board” Questionnaire for Local Health Jurisdictions

- 1) Patient’s name (last, middle, first): \_\_\_\_\_
- 2) Aliases: \_\_\_\_\_
- 3) Gender:  Female  Male  Unknown
- 4) Date of Birth: \_\_\_\_\_
- 5) Race: \_\_\_\_\_
- 6) Ethnicity: \_\_\_\_\_
- 7) Nationality: \_\_\_\_\_
- 8) Aliases’ Date of Birth: \_\_\_\_\_
- 9) Identifying features (photo of available):  
\_\_\_\_\_  
\_\_\_\_\_

- 10) What is the patient’s legal status in the United States?
  - a. U.S. Citizen
  - b. Legal permanent resident
  - c. Asylee
  - d. Parolee
  - e. Visa Waiver
  - f. B1/B2 Tourist/Business
  - g. F1/F2 Student Status/Family of
  - h. H1/H2 Working Group/Family of
  - i. J1/J2 Exchange Visitor/Family of
  - j. Unknown
  - k. Other: \_\_\_\_\_

- 11) Documents used to establish patient’s identity:
  - a. Birth certificate
  - b. Social Security number: \_\_\_\_\_
  - c. Driver’s license (state, number and expiration date): \_\_\_\_\_
  - d. Other: \_\_\_\_\_

- 12) Passport Country (can list more than one if patient has more than one passport):  
\_\_\_\_\_  
\_\_\_\_\_

- 13) Passport Number(s):  
\_\_\_\_\_  
\_\_\_\_\_

## **Appendix A: Agreements, Forms, & Notices**

[Acknowledgement of TB Counseling](#)

[Directly Observed Therapy \(DOT\) Agreement Form](#)

[Isolation Agreement Form](#)

[Voluntary Agreement for Examination, Isolation, and/or Treatment](#)

[Involuntary Notice for Examination, Isolation, and/or Treatment](#)

[Petition for Detention](#)

[County Superior Court Order Granting Detention](#)

[Notice to Transporting Personnel](#)

## ACKNOWLEDGEMENT OF TUBERCULOSIS COUNSELING

### The following has been explained to me:

- Tuberculosis (TB) can spread to others through the air.
- Without treatment, TB can cause severe illness, permanent disability, & death.
- TB treatment usually takes at least 9 months, although it might require 12 months or longer.
- I will be considered infectious until the TB Program informs me that I am no longer infectious. Even after I am no longer infectious & no longer feeling ill, I must complete the entire course of treatment to be cured.
- I must take TB medications for my health & the health of others. It is so important that there is a nurse case manager assigned to observe me taking them (Directly Observed Therapy) & who will deliver those medications to me if I am unable to keep my appointments.
- It is my responsibility to be available for Directly Observed Therapy.
- I may choose where I get Directly Observed Therapy (home, work, or TB Clinic).
- While I am considered infectious, it is important to isolate myself until the TB Program gives me clearance. This is to avoid spreading TB to other people.
  - I need to stay in my place of residence approved by the TB Program.
  - I must not change my place of residence without obtaining approval from the TB Program.
  - While I am in isolation, I agree to see only persons who have been cleared by the TB Program.
  - If I have to see anyone who has not been cleared by the TB Program, I must see them out of doors.
  - I should not visit homes of others, churches, schools, work places, or other public or private places where I would be in contact with other persons.
  - If I need to go to a store, a laundry, or a medical facility, or use a bus or a taxi because of special circumstances, I must obtain an approval from my nurse case manager and I must wear a mask provided by the TB Program & limit my presence with other people to less than 60 minutes.
  - I must not use public transportation systems, including airplanes, trains, buses, subways, trolleys, trams, ships, cable cars, monorails, ferries, or carpools.
- I agree to follow medical recommendations to make sure that my TB is getting cured & I am not having side effects from TB medications. This includes keeping all of my appointments, cooperating with symptom review during Directly Observed Therapy, and submitting to blood, sputum and X-ray examinations.
- I agree to communicate with my nurse case manager, especially if I have any side effects or problems with TB medications.
- I agree to assist the TB Program to identify my contacts.
- I agree to follow the advice & instructions given by the TB Program & realize that there will be legal consequences if I fail to comply. I understand that state law allows the Tuberculosis Program to initiate involuntary detention when persons with TB fail to comply with treatment plans or isolation directives.
- I have had an opportunity to ask questions & have my questions answered.

I have been advised and counseled by \_\_\_\_\_ regarding tuberculosis. I have received a copy of this document. (Public Health Nurse Name)

\_\_\_\_\_  
(Client's or Legal Guardian's Signature/relationship) Date

\_\_\_\_\_  
(Public Health Nurse's Signature) Date

\_\_\_\_\_  
(Interpreter's Signature) Date

**DIRECTLY OBSERVED THERAPY (DOT) AGREEMENT FOR TUBERCULOSIS (TB)  
TREATMENT**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

City: \_\_\_\_\_ ZIP \_\_\_\_\_

I know that the only way to get well is by taking my TB medicine exactly as my nurse or doctor tells me. I will be taking several medications for a long time (6 months or more) in order to kill the TB germs. If I do not follow these directions, my illness could come back worse than before. Then it could be harder to treat, take longer to treat and could spread the disease to others. I agree to cooperate with the supervised DOT program to help remind me to take my medicine and to make sure I complete my treatment and get well. In this program, a trained registered nurse or DOT worker is present when I take my TB medicine and can answer my questions.

**I, \_\_\_\_\_ agree that**

1. I will be at: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Health Dept \_\_\_\_\_ other (specify) \_\_\_\_\_ between the hours of \_\_\_\_\_ and \_\_\_\_\_ for my DOT visit.
2. If I cannot be at the agreed place and time, I will call (xxx) xxx-xxxx at the Health Department to change the visit.
3. If I do not call in time to change the visit, I know that I may have to go to the Health Department at \_\_\_\_\_ for my DOT visit.
4. I will tell my nurse or DOT worker if I have any problems. I may be asked to go to the Health Department to meet with the nurse or doctor and/or to have tests during my treatment.
5. I know that if I miss my visits and do not take my treatment as scheduled, legal action may be taken.

**I, \_\_\_\_\_ agree that**

1. If I cannot be at the agreed place and time, I will call \_\_\_\_\_ at \_\_\_\_\_ to change the DOT visit.
2. I will keep the client's health information private.
3. I will answer questions and concerns of the client. I will help link the client to other services as needed.
4. I will promptly tell the doctor or nurse of any client problems. I will give reports as needed.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Nurse

\_\_\_\_\_  
DOT Worker

## ISOLATION AGREEMENT

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dear Client,

Your clinical evaluation and/or laboratory tests suggest that you may have active tuberculosis disease, for which you are receiving medical treatment. It is likely that you may be contagious at this time, and it is required that you be temporarily isolated until medically cleared.

For the time you remain in isolation, and until you receive notification from \_\_\_\_\_ (TB Program Name) , it is required that you:

- A) Keep away from other people, especially children. Do not go into stores, restaurants, or indoor public places. Do not go into others homes or places of residence. Please note that this isolation does not prohibit you from obtaining legal or medical services.
- B) Wear a mask (which has been provided for you) when going to get medical or legal consultation. It is your responsibility to make aware any facility or office, in which you may enter, that you may have active, contagious tuberculosis *before* your arrival. You may refer them to the TB Program at (xxx) xxx-xxxx or (xxx) xxx-xxxx if they have any questions or concerns.
- C) Remain at this address, \_\_\_\_\_, or out of doors. In the event that you must change from this address, it is required that you notify the TB Program *before* your departure.
- D) No visitors are to come to your place of residence.
- E) Use tissue to cover your mouth and nose when sneezing or coughing.
- F) Keep windows in your home open, when possible, to promote air circulation.

For the safety and health of the public, it is very important for you to abide by these requirements. If you have any questions, please call (xxx) xxx-xxxx or (xxx) xxx-xxxx.

I have read and understand the above requirements. I have had a chance to ask questions and will abide by these requirements until removed from isolation. I understand that I will only remain in isolation until I am no longer contagious and medically cleared.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## VOLUNTARY AGREEMENT FOR EXAMINATION, ISOLATION AND/OR TREATMENT

DATE: NAME:

ADDRESS:

Dear \_\_\_\_\_:

You currently have, or are suspected of having, active tuberculosis (TB). Without treatment, TB can be fatal and can spread to others.

In order to protect the public health from TB, it is required that you:

1. Are examined or tested to determine if you have infectious TB.
2. Be isolated from others if you have, or are suspected of having, infectious TB.
3. Take medication as prescribed, if you have active TB.

It has been witnessed and documented that you have:

- Not been adherent to the request for examination/testing from the health department
- Not been adherent to the medication regimen prescribed to you
- Not been adherent to the isolation agreement between you and the health department

The details of your non-adherence are as follows:

Date(s)	Description	Action Taken
XX/XX/XXXX	<i>Missed DOT appt.</i>	<i>Called pt cell phone and left msg, left note on pt door, went back to pt home an hour later, documented missed appt in chart</i>

The following is what is expected of you:

The purpose of this letter is to obtain your voluntary agreement to adhere to these expectations. Because TB can be a threat to the public health, if you refuse or fail to adhere to this voluntary agreement, I may be forced to invoke my authority pursuant to RCW 70.28.031 to order, or to seek a court order, for your involuntary detention.

It is very important for the protection of your own health and that of others that you adhere to this voluntary agreement. If you have any questions about this agreement or need assistance in complying, please call: [phone number]

Sincerely,

XXXXXXXXXX

I have read the above requirements, have had a chance to ask questions and will abide by these requirements.

Client signature

Witness signature

Date

Date

## INVOLUNTARY EXAMINATION, ISOLATION AND/OR TREATMENT NOTICE

Dear XXXXX,

This letter is to inform you that the procedures for involuntary:

Examination

Isolation

Treatment

have been initiated. All reasonable efforts to obtain voluntary compliance have failed. In order to protect the public health, the court will determine if court-ordered adherence or detention is necessary. While the determination is being made, you may be detained for up to 72 hours.

### Notice:

You have the right to a superior court hearing within seventy-two hours of detention, excluding holidays and weekends. You have the right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you should request the appointment of counsel at this time. If you currently have legal counsel, then you have an opportunity to contact that counsel for assistance.

You have a right to contest the facts alleged against you, to cross-examine witnesses, and to present evidence and witnesses on your behalf.

You have a right to appeal any decision made by the court.

You may be given appropriate TB medication only on your informed consent, or pursuant to a court order.

You will receive a copy of the petition for detention within the next 24 hours. A copy will also be given to the legal counsel representing you. This petition will include the details of your diagnosis and the basis for pursuing involuntary compliance.

Sincerely,

XXXXXXXXXX

I have read the above requirements, have had a chance to ask questions and will abide by these requirements.

Client signature

Witness signature

Date

Date

## PETITION FOR DETENTION

To the Superior Court of XXXX county:

As the local health officer of XXXXX county, it is my belief that NAME OF PERSON, is a:

Suspected case of Tuberculosis (TB).

Confirmed case of Tuberculosis (TB).

This belief is supported by medical tests and/or records that are attached at the end of this petition. A summary of these findings are as follows:

*[summarize medical findings]*

NAME OF PERSON has failed to voluntarily comply with or adhere to the following:

*[summarize failure to comply or adhere]*

The actions taken to obtain voluntary compliance have been as follows:

*[summarize actions taken]*

I believe that, in order to assure NAME OF PERSON is appropriately  tested,  treated,  isolated the court should [include nature of detention or other court-ordered action] beginning on *[date]* and ending on *[date]*. I believe that court-ordered action is necessary to protect the public health.

The contact information of persons who may testify in support of this petition are included at the end of this petition.

Sincerely,

Note: This is an order that can be used by the court (these are typically provided to the judge by the parties)

SUPERIOR COURT OF THE STATE OF WASHINGTON FOR [\_\_\_\_\_] COUNTY

In Re: the Involuntary Detention of:

\_\_\_\_\_

Respondent.

NO. \_\_\_\_\_

ORDER AUTHORIZING INVOLUNTARY  
DETENTION FOR EXAMINATION,  
TREATMENT AND/OR ISOLATION OR  
QUARANTINE

THIS MATTER came before the Court on the Petition for an Order Authorizing Detention for Involuntary Examination, Treatment for Quarantine or Isolation filed by \_\_\_\_\_, Local Health Officer or designated Tuberculosis Officer for the (Insert LHJ Name), by and through his/her attorney, \_\_\_\_\_, Deputy Prosecuting Attorney. The Court considered the pleadings and file herein and the declaration of \_\_\_\_\_ in support of the petition.

Based on the argument of counsel and the evidence presented, the Court finds:

- 1.1 The court has jurisdiction over the person and subject matter in this proceeding.

- 1.2 Petitioner has established evidence that Respondent is a suspected or confirmed case of tuberculosis.
- 1.3 The Local Health Officer or designated Tuberculosis Control Officer made reasonable efforts to seek voluntary compliance and has presented or seeking voluntary compliance would create a risk of serious harm.
- 1.4 The Local Health Officer or designated Tuberculosis Control Officer considered less restrictive alternatives, including voluntary isolation or quarantine, but those alternatives, given the serious and imminent risk to the public health and safety, do not provide sufficient public protection.
- 1.5 Respondent presents a serious and imminent risk to the health and safety of others and the following actions are necessary to prevent this risk:

\_\_\_\_\_

\_\_\_\_\_

Based on the above findings, **IT IS ORDERED:**

2.1 The petition is granted and Respondent shall be and is hereby detained for isolation or quarantine as necessary to protect the public health, safety and welfare at \_\_\_\_\_ (or the location specified on the confidential schedule) from \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ o'clock AM/PM (Pacific Time) to \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ o'clock AM/PM (Pacific Time) (not to exceed 45 days), unless medical tests or other information conclusively establishes that

he/she/they no longer present a threat to the public health, safety and welfare, whereupon, respondent(s) shall be immediately released from detention;

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

---

Judge

## NOTICE TO TRANSPORTING PERSONNEL

Pursuant to WAC 246-170-055(8), you are hereby advised that you are being requested to transport a patient with active tuberculosis and appropriate precautions should be taken in accordance with the policies and procedures established by \_\_\_\_\_.

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. State and federal law prohibits you from making any further disclosure of this information except as authorized by state law.

Signed this \_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

**References:**

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- i <http://www.doh.wa.gov/Portals/1/Documents/Pubs/343-071-WATBManual-Introduction.pdf>
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