

Admissions of Patients with Confirmed or Suspected Tuberculosis



Health Facilities Rules (410 IAC 16.2-3.1-18-D) require that each resident, prior to admission, shall be required to have a statement to show no evidence of TB in an infectious stage, as verified on admission and yearly thereafter. This specific waiver program will allow the admission of patients with confirmed or suspected tuberculosis (TB) or patients under treatment for tuberculosis to licensed long-term facilities which meet the specific criteria detailed in the [Guidelines for Preventing the Transmission of Tuberculosis in Health Care Settings, 2005](#).

No waiver will be considered by the Indiana Department of Health ("Department") unless there is prior written assurance by the Administrator and Medical Director of the long-term care facility that these guidelines have been met. Further, the facility must have a room or rooms equipped as detailed in Guidelines for Preventing the Transmission of Tuberculosis in Health Care Settings, 2005. These assurances should be provided to the Department and will be kept on file, prior to the admission of any patient under the waiver program.

Each waiver will be specific for only one person, only for facilities which have proper assurance on file with the Department, and for a period not to exceed one year. Additional waivers will be considered or renewed as requested. The facility must demonstrate that it can meet and/or exceed the current medical guidelines as cited above. Past survey findings will be reviewed to assess the status of infection control within the facility during the past year. Upon request for admission or later verification of a communicable disease incident within a facility, an on-site visit may be made by one or more representatives of the Communicable Disease Division/Tuberculosis Control Program and/or Division of Long Term Care to verify compliance with appropriate infection control procedures. A waiver may be rescinded if at any time the Department determines that the Guidelines are not met or that proper assurances have not been given.

The request for a waiver should be directed to the Indiana Department of Health, Division Long Term Care to the attention of the Program Director-Provider Services. The initial request for a waiver may be verbal, and permission to admit may be given verbally by the Director or his/her designee. Written confirmation must be expeditiously initiated by the facility administrator on the "**Tuberculosis Waiver Request**". This form must be signed by the administrator, medical director and attending physician. A copy of the form will be returned to the facility and the original will be retained by the Division in a confidential file.

The Director of the Division of Long Term Care will provide a written final notice of approval or disapproval to the facility for each request for waiver to admit a resident with confirmed or suspected Tuberculosis.

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