MEDICAL CONFINEMENT OF PATIENTS WITH ACTIVE TUBERCULOSIS WHO REFUSE TREATMENT

Purpose:

To establish the procedure by which LSUHCS-S shall enforce Title 40 of the LA Revised Statues, Section 17, authorizing the emergency medical confinement of patients with active tuberculosis who refuse treatment.

Title 40 of the Louisiana Revised Statues; Section 17

“A person who is infected with tuberculosis in an active and communicable state, who is a patient in a hospital and who, refuses treatment for tuberculosis against medical advice may be detained and held in a hospital for a period not to exceed fifteen days by an emergency certificate executed by the hospital’s infectious disease control physician or pulmonary disease physician in accordance with the procedure set forth in this section.”

Policy:

1. Preparation and issuance of any emergency certificate for the purpose of detaining and holding a patient shall be executed by the hospital’s Infectious Disease or Pulmonary/Critical Care physician. The physician shall be responsible for:

a) personally examining the patient and conferring with the patient and the patient’s treating physician;
b) reviewing the patient’s medical record to confirm that the tuberculosis is in an active, infectious, and communicable state;
c) finding current evidence that the patient has refused to take required tuberculosis medications and the patient desires to leave the hospital against medical advice;
d) concluding that the patient poses a present danger to himself/herself or others if the patient should leave the hospital against medical advice.

2. Once the criteria for detainment are met, the certifying physician must complete the Emergency Certificate including the date and time of the exam, sign the form, and place it in the patients’ medical record. Emergency certificate forms and instructions may be obtained from on line at the IC web page or from the tuberculosis control section of the Public Health Unit and shall be maintained in the Infection Control Department and Administrative House Manager’s Office.
3. The Infectious Diseases physician and the attending physician shall contact the state health officer through the nearest tuberculosis control Division of the Public Health Unit for purposes of coordinating the patient’s transfer to a state tuberculosis treatment facility within the fifteen days covered by the emergency certificate.

4. Within seventy-two hours following the execution of the emergency certificate, there must be a follow up examination of the patient by a hospital staff physician, preferably the patient’s attending physician. This physician must record his or her findings from the examination in the section provided in the emergency certificate. The information provided in this Section must state the date and hour of the follow-up examination and must be signed at that time by the physician.

5. If the follow-up examination confirms the initial findings of the certified physician the emergency certificate shall remain in full force and effect.

6. If after the follow-up examination, it is determined that circumstances have changed, that the patient is taking the required tuberculosis medications, and that the patient no longer poses a present threat to himself or herself and others, the emergency certificate shall expire upon the examining physician’s signature attesting to this fact.

7. If no follow-up examination occurs within the seventy-two hours following the execution of the emergency certificate, the emergency certificate shall be deemed to have expired by operation of law.

Written: 4/98
Revised: 11/02, 11/04, 11/06, 10/08, 3/10
Reviewed: 4/11, 2/13
STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF PUBLIC HEALTH
PHYSICIAN EMERGENCY CERTIFICATE
FOR TUBERCULOSIS

For observation, diagnosis and treatment at a treatment facility for a period not to exceed 15 days. (See Louisiana Revised Statute 40:17 B and C on the reverse side of this form). The directives of this statute must be fulfilled in order for this certificate to be valid.

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<tr>
<th>Name of Examining Physician</th>
<th>Examination Date</th>
<th>Examination Time</th>
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<td>Address of Examining Physician</td>
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PATIENT DATA

<table>
<thead>
<tr>
<th>Name of Patient</th>
<th>Social Security Number</th>
<th>Patient Chart Number</th>
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<tr>
<td>Address of Patient</td>
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<tr>
<th>Race</th>
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<th>Date of Birth</th>
<th>Marital Status</th>
<th>Military Status</th>
<th>Religion</th>
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<tr>
<th>Name of Nearest Relative, Friend, or Guardian</th>
<th>Relationship</th>
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FINDINGS OF EXAMINATION

HISTORY OF PRESENT ILLNESS (REASONS FOR ADMISSION INCLUDING BEHAVIOR, ETC.) CURRENT MEDICATIONS, CURRENT COMPLIANCE. (HISTORY OF TREATMENT AND/OR NON-COMPLIANCE, ETC.)

PHYSICIAN FINDINGS

SUPPORTIVE DATA, LABORATORY, X-RAY RESULTS, INCLUDING BUT NOT LIMITED TO ACID FAST BACILLI, CULTURE, OR OTHER POSITIVE TO LABORATORY TEST.

I have personally examined the patient and reviewed the medical record, conferred with the patient and the patient’s treating physician (if applicable) and I am/am not of the opinion that the above named person is in need of immediate tuberculosis treatment in a hospital facility because he/she has tuberculosis in an active, infectious and communicable state. He/she is (check appropriate boxes)

- ☐ Patient in hospital and refusing TB meds
- ☐ Presents danger to self and others
- ☐ Threatens to leave against medical advice.
- ☐ Compliant, poses no risk

<table>
<thead>
<tr>
<th>Signature of Examining Physician</th>
<th>LA Medical License Number</th>
<th>Date Signed</th>
<th>Time Signed</th>
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☐ Initial Physician Certification
☐ Reviewing Physician Certification

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<tr>
<th>Title</th>
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<tbody>
<tr>
<td>☐ Infectious Disease Control Physician</td>
<td>☐ Hospital Staff Infectious Disease Control Physician Designee</td>
</tr>
<tr>
<td>☐ Pulmonary Disease Physician</td>
<td>TID 72 (8/97)</td>
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§17. Mandatory medical examination; confinement; when allowed; emergency certificate

A. Neither the state health officer or his designee, nor the parish health officer or health unit shall subject any medical examination or confine him in any institution unless directed or authorized to do so by the judge of the parish in which the person is located, except when said person is infected or suspected of infection with smallpox, cholera, yellow fever or bubonic plague, or is infected with tuberculosis.

B. (1) A person who is infected with tuberculosis in an active and communicable state, who is a patient in a hospital, and refuses treatment for tuberculosis against medical advice may be detained and held in a hospital for a period not to exceed fifteen days by an emergency certificate executed by the hospital’s infectious disease control physician or pulmonary disease physician in accordance with the procedure set forth in this section.

(2) In such case, the hospital’s infectious disease control physician or pulmonary disease physician and the patient’s physician shall contact the same health officer through the nearest tuberculosis control unit or clinic of the office of public health for purposes of coordinating the patient’s transfer to a state tuberculosis treatment facility pursuant to R.S. 40:31.24 within the fifteen days covered by the emergency certificate.

(3) If the patient violates in any way the emergency certificate issued pursuant to this Section, it shall be deemed to be a violation of the quarantine order and shall be subject to sanctions set forth in R.S. 40:6(B).

(4) Upon expiration of the emergency certificate, the patient shall be released from the hospital, unless a court order pursuant to R.S. 40:31.24 transferring the patient to a treatment facility has been obtained.

C. The following procedure shall govern the preparation and issuance of any emergency certificate for the purpose of detaining and holding a patient pursuant to the provisions of this Section:

(1) The hospital’s infectious disease control physician or pulmonary disease control physician, or any hospital staff physician authorized to act in the role of the infectious disease control physician for the hospital may execute the emergency certificate to detain and hold a person infected with active, infectious, and communicable tuberculosis. Thereafter, the following tasks shall be completed as soon as possible with regard to a person detained and held pursuant to an emergency certificate:

(a) The infectious disease control physician or pulmonary disease control physician must personally examine the patient and confer with the patient and the patient’s treating physician.

(b) The patient’s medical records must be reviewed by the infectious disease control physician or pulmonary disease physician to confirm that the tuberculosis is in an active, infectious, and communicable state.

(c) The infectious disease control physician or pulmonary disease control physician must find current evidence that the patient has refused to take required tuberculosis medications and the patient desires to leave the hospital against medical advice.

(d) The infectious disease control physician or pulmonary disease control physician must conclude that the patient poses a present danger to himself or herself and others if the patient should leave the hospital against medical advice.

(2) The emergency certificate must state the date and hour of examination by the infectious disease control physician or pulmonary disease control physician and must be signed by the physician at such time under penalty of perjury.

(3) Within a period of seventy-two hours following the execution of the emergency certificate by the infectious disease control physician or pulmonary disease control physician, there must be a follow-up examination of the patient by a hospital staff physician, who shall record his or her findings in the section provided for such findings in the emergency certificate. The information provided in this Section must also state the date and hour of the follow-up examination and must be signed at that time by the physician under the penalty of perjury. If the follow-up examination confirms the initial findings of the infectious disease control physician or pulmonary disease control physician, the emergency certificate shall remain in full force and effect. If after the examination it is determined that circumstances have changed, that the patient is taking the required tuberculosis medications, and that the patient no longer poses a present threat to himself or herself and others, the emergency certificate shall expire upon the examining physician’s signature attesting to this fact. If no follow-up examination occurs within the seventy-two hours following execution of the emergency certificate, the emergency certificate shall be deemed to have expired by operation of the law.

(4) The state health officer and the tuberculosis control unit of the office of public health shall provide all licensed public and private hospitals with emergency certificate forms and instructions for the purposes of this Section.