

Texas Department of State Health Services Standing Delegation Orders for Tuberculosis Directly Observed Therapy Services Provided by Authorized Staff, Fiscal Year 2024

The purpose of this document is to provide authority for specific acts of tuberculosis (TB) directly observed therapy (DOT) services described by the TB and Hansen’s Disease Unit and under the authority of Rule Title 22, Texas Administrative Code §193.2, Standing Delegation Orders.

Standing delegation orders (SDOs) and standing medical orders (SMOs) are written instructions, orders, rules, regulations or procedures prepared by a physician. SDOs provide authority and a plan for use with patients presenting themselves prior to being examined or evaluated by a physician. SMOs provide authority and direction for the performance of certain prescribed acts for patients which have been examined or evaluated by a physician. SDOs and SMOs are distinct from specific orders written for a particular patient.

The intended audience for these orders is authorized staff working in local health department TB programs and in Texas Department of State Health Services (DSHS) Public Health Regions.

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ATTACHMENT 1: *Attestation of Authorized Staff*

Standing Delegation Orders

A. Definitions

1. Authorized Staff: an employee or contractor of the Texas Department of State Health Services who has met the requirements of and signed this SDO.

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2. Authorizing Physician: a physician licensed by the Texas Medical Board who executes this SDO.

B. Method Used for Development, Approval and Revision

This SDO and the relevant attachments shall be:

1. Developed by the TB SDO Revision Workgroup and the TB and Hansen's Disease Unit.
2. Reviewed and signed at least annually by the authorizing physician.
3. Revised as necessary by the DSHS Infectious Diseases Medical Officer, the Regional Medical Directors, and/or the TB and Hansen's Disease Unit.

C. Level of Experience, Training, Competence, and Education Required

To carry out acts under this SDO, an authorized staff must:

1. Be an employee or contractor of the Texas Department of State Health Services.
2. Have reviewed, are familiar with, and able to readily access the recommendations within the regional or local TB DOT Provider Manual and the local TB policies and procedures relevant to TB DOT services.
3. Have undergone an initial or continuing evaluation of competence relevant to TB DOT services within 12 months prior to signing and providing TB DOT services under this SDO:
 - Initial evaluation of competence is performed by the authorizing physician, the staff's supervisor, or clinical designee and consists of education and skills training, as approved by the TB program manager.

The authorized staff must receive an initial evaluation by the authorizing physician, the staff's supervisor, or clinical designee that documents the staff's ability to carry out these orders in the customary manner. This training and evaluation of competence must occur before TB DOT services are independently provided by the staff.

- Continuing evaluation of competence is performed annually by the authorizing physician, the staff's supervisor, or clinical designee that documents the staff's ability to carry out these orders in the customary manner.
4. Have reviewed and signed this SDO, **ATTACHMENT 1: Attestation of Authorized Staff**, within 12 months prior to providing services under this SDO.

D. Method of Maintaining a Written Record of Authorized Staff

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A record of the authorized staff who completes the required training and demonstrates competence shall be documented and maintained by the staff's supervisor in the local health department office.

E. Authorized Delegated Acts

Authorized staff may provide TB DOT services under this SDO to clients who are undergoing evaluation for TB disease or TB infection or are a contact to a confirmed or suspected TB disease case.

It is the intent of all parties that the acts performed under this SDO shall be in compliance with the Texas Medical Practice Act, the Texas Nursing Practice Act, the Texas Pharmacy Act, and the rules promulgated under those Acts.

F. Procedures and Requirements to be Followed by Authorized Staff

1. Adhere to all Standard Precautions, including bloodborne and respiratory precautions, when participating in TB DOT services.
2. Verify the medication in the TB DOT packets with the nurse and acknowledge receipt of the DOT packets.
3. Utilize interpreter services to facilitate client and staff communication as it relates to limited English proficient (LEP) clients.
4. Ensure, to the extent possible, that the person seen for TB DOT services is, in fact, who the person claims to be.
5. Provide your name and contact information to the client.
6. Ensure that the client's consent and signature have been obtained by the nurse responsible for the clinical management of the client. If consent and signature have not been obtained, then obtain consent and signature in accordance with agency policy and provide copies of the **DSHS Privacy Notice** and applicable signed consent forms.
 - **DSHS General Consent and Disclosure** (L-36), available at: www.dshs.state.tx.us/rls/pubs/GeneralConsentForm042010.pdf
 - **DSHS Privacy Notice**, available at: <http://www.dshs.state.tx.us/hipaa/privacynotices.shtm>
7. Arrive at the agreed upon place at the designated time with the client's medication(s).
 - If the client is not found at the agreed place at the agreed time, document the missed appointment on the **Tuberculosis Directly Observed Therapy Log (TB-206 or TB-206A for INH-Rifapentine or their equivalent)**.
 - If unsafe conditions exist or if you feel threatened, leave the location as

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- safely and quickly as possible. Immediately call 911, if necessary. Once you are in a safe place, notify your supervisor or the nurse responsible for the clinical management of the client.
8. If this is the first dose of TB medication for the client, do not provide the TB DOT medication to the client. Immediately notify the nurse responsible for the clinical management of the client.
 9. Upon initiation of TB DOT, and at the beginning of each month of TB DOT, complete and sign, and have the client complete and sign, the ***Client/DOT Provider Agreement (TB-206 or TB-206A for INH-Rifapentine)***.
 10. Complete the adverse reaction screening questions listed on the ***Tuberculosis Directly Observed Therapy Log (TB-206 or TB-206A for INH-Rifapentine)***.
 - If the client reports any symptoms noted with a double asterisk or noted as adverse reactions, do not give the medication to the client. Contact the nurse responsible for the clinical management of the client for instructions.
 11. Have the client get water to drink and provide the medication packet to the client.
 - Do not pour medication out of bottles or open TB DOT dose packet for the client.
 - Do not crush pills or mix pills with food or liquids for the client.
 12. Observe the client ingesting all medication in each TB DOT dose packet. The client should be observed continuously from the time the TB DOT dose packet(s) is given to the client until all of the medication is ingested. Never leave a TB DOT dose packet to be taken later, unless the dose packet is for self-administration. Self-administered doses CANNOT be recorded as DOT.
 - If the client is unable to ingest the entire dose, contact the nurse responsible for the clinical management of the client for instructions.
 - If the client is suspected of not swallowing the medication, inspect the client's mouth, including under the tongue.
 - If the client is suspected of vomiting medication after the visit, wait 30 minutes before leaving the client.
 13. Document the dose of TB DOT medication given and initial on the ***Tuberculosis Directly Observed Therapy Log (TB-206 or TB-206A for INH-Rifapentine or their equivalent)***.
 14. Have the client initial the TB DOT dose given on the ***Tuberculosis Directly Observed Therapy Log (TB-206 or TB-206A for INH-Rifapentine)***.

G. Client Record-Keeping Requirements

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TB forms available at: <https://www.dshs.texas.gov/idcu/disease/tb/forms/>
Authorized staff must accurately and completely report and document each delegated act in a medical record prepared in accordance with DSHS policy and local or regional procedures, which will include:

1. Names of personnel involved in client services at each visit, including the name of the interpreter (if an interpreter is used).
2. Actions carried out under these standing orders.
3. Any additional physician orders.
4. Medications administered, prescribed by the physician, or provided to the client.
5. Client response(s), if any.
6. Contacts with other healthcare team members concerning significant events regarding client's status.
7. Documentation that the appropriate forms are completed and included in the medical record, if required, and copies, when applicable, are provided to the client.

H. Scope of Supervision Required

This SDO gives the authorized staff authority to perform the acts described in this SDO in consultation with the authorizing physician as needed.

I. Specialized Circumstances to Immediately Communicate with the Authorizing Physician

Specific circumstances that the authorized staff providing services under this SDO should immediately contact the authorizing physician by phone include, but are not limited to, when medical direction or consultation is needed.

In an emergency situation, the authorized staff is to call 911, provide care according to his or her skills and ability, and contact the nurse responsible for the clinical management of the client and/or the authorizing physician by phone as soon as possible.

J. Limitations on Setting

Authorized staff can provide services under these standing orders in the clinic setting, in the client's home, or other field settings when the authorizing physician can be contacted by phone.

K. Date and Signature of the Authorizing Physician

This SDO shall become effective on the date that it is signed by the authorizing physician, below, and will remain in effect until it is either rescinded, upon a

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change in the authorizing physician, or at the end of business on the last day of the current DSHS fiscal year (August 31, 2024), whichever is earlier.

Authorizing Physician's Signature:

Authorizing Physician's Title:

Printed Name:

Effective Date:

Emergency Contact Information:

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ATTACHMENT 1: *Attestation of Authorized Staff*

I, _____ have read and understand the
printed name of authorized staff

*Texas Department of State Health Services Standing Delegation Orders for
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Fiscal Year 2024 ("SDO")* that was signed by

Dr. _____ on _____.

printed name of authorizing physician date of authorizing physician's signature

- I agree that I meet all qualifications for authorized staff outlined in the SDO.
- I agree to follow all instructions outlined in the SDO.
- I agree not to misrepresent a dose of TB medication as directly observed that was either missed or self-administered. I understand that to do so shall result in disciplinary action that may include immediate termination of employment or contract.

Signature of Authorized Staff Date