1.0 PURPOSE

To ensure persons with active respiratory tuberculosis are excluded from admission to an Adult Residential Care Facility (including Group Homes and Mental Health Care Facilities) until they have been appropriately treated and are no longer infectious.

The Medical Health Officer may make alternative policy decisions based on local disease incidence and prevalence.

2.0 DEFINITIONS

Risk factors for tuberculosis (TB) include:
- Contacts to active cases of TB disease
- Persons born in or travelled to high TB incidence countries
- Current or historical residence in a First Nations, Métis, or Inuit communities
- Homeless or under-housed (i.e. shelter users, those with no fixed address)
- Residents of congregate living settings (i.e. correctional facilities, long-term care facilities, residential treatment programs)
- Immune compromised or illness affecting immunity (i.e. persons with HIV)

Symptoms of Active Respiratory TB Disease:

<table>
<thead>
<tr>
<th>Systemic Signs and Symptoms of Active TB Disease</th>
<th>Signs and Symptoms of Respiratory TB Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Fever*</td>
<td>• Cough (dry or productive) for two to three weeks or longer with or without fever or phlegm</td>
</tr>
<tr>
<td>• Night sweats*</td>
<td>• Bloody sputum (hemoptysis)</td>
</tr>
<tr>
<td>• Loss of appetite (anorexia)</td>
<td>• Chest pain</td>
</tr>
<tr>
<td>• Unexplained weight loss</td>
<td>• Shortness of breath</td>
</tr>
<tr>
<td>• Fatigue</td>
<td>• Abnormalities on chest x-ray**</td>
</tr>
</tbody>
</table>

* May be absent in the very young and elderly

** Radiographic presentation can be atypical in clients who are immune compromised

Immune compromised defined as persons with HIV infection; transplant recipient on immune suppressing treatment; chronic renal failure and/or dialysis and/or other conditions per clinical judgment/consultation with TB Services; taking (or about to begin) treatment with immune suppressing therapies such as TNF alpha inhibitors, chemotherapy, or systemic corticosteroids (equivalent of ≥ 15 mg/day of prednisone for 2 weeks or longer)

Note: in this document the term “patient” is inclusive of patient, resident or client.
3.0 GUIDING PRINCIPLES

All persons being admitted to a licensed Adult Residential Care Facility need to be screened for signs and symptoms associated with active TB disease. This process needs to be completed prior to the person being admitted to the care facility, may occur while the person is still living at home or while the person is in the hospital and can be done within one month prior to admission if not symptomatic. This information will be recorded on the person’s chart.

As per the Medical Health Officer 2016, this excludes client stays of less than 30 days and Community Hospice Bed admissions (palliative care clients).

If a client remains in convalescent or respite care for greater than 30 days, they do require TB screening.

4.0 PROCEDURE

4.1 Prior to admission to an Adult Residential Care Facility, a risk assessment must be performed using the IH Tuberculosis Risk Screening for Residential Care Facilities, Group Homes and Mental Health Care Facilities (#811217) form:

- The Home Health Nurse performs for persons in community
- The Transition Liaison Nurse performs for patients in hospital
- Mental Health staff perform for persons entering Mental Health Care facilities
- Can be done within one month prior to admission if person not symptomatic

4.2 For all persons who are less than 60 years old:

- A tuberculin skin test (TST) must be done, unless contraindicated
  - If client is in the community, refer client to Public Health Nursing for TST
  - If client is admitted to hospital, nursing staff will perform the TST
- In addition, for those persons who have symptoms of respiratory TB disease, a chest x-ray is required – see 4.4 below
- If the person has a positive TST, a chest x-ray is required – see 4.4 below
- If the person has a TST contraindication, or is immune compromised, a chest x-ray is required – see 4.4 below
- Contraindications for a TST include prior allergic response or severe reaction to a TST, previous positive TST reaction, previous reactive IGRA (interferon gamma release assay), previous active TB disease and burns or eczema at test site

4.3 For persons who are 60 years and over:

- With no symptoms of respiratory TB disease, no further action is required
- Who have symptoms of respiratory TB disease, a chest x-ray is required – see 4.4 below

4.4 Process for having chest x-ray done

- Ensure that the MRP’s (most responsible physician) name is listed on the form.

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• Ensure that the name of the person who needs to receive recommendations back is listed in the “Additional Comments” section (i.e. ‘Please send recommendations to Jane Smith, Home Health Nurse’; include mailing address)
• Send the last page of the BCCDC TB Screening Form with the client to the radiology provider (this page automatically populates when information is entered electronically into Part 1 and Part 2 of the form)
• Send the first page of the BCCDC TB Screening Form to BCCDC TB Services
• Recommendations from BCCDC TB Services are communicated back to providers via the BCCDC TB Screening Form and/or physician narratives
• **If a chest x-ray is required, refer person to MRP** (most responsible physician) for follow up; (MRP to order sputum for AFB/TB culture if person has productive cough)
• Person cannot be admitted to a residential care facility until assessment by MRP and BCCDC TB Services has ruled out presence of active respiratory TB disease

4.5 Documentation
• Place the completed **IH Tuberculosis Risk Screening form #811217** on the person’s file
• When the person is admitted to an Adult Residential Care facility, Group Home or Mental Health Care facility, send a copy of the completed **IH Tuberculosis Risk Screening form #811217** to the admitting facility; this meets the licensing requirements by having the completed form on file
• If person was sent for chest x-ray and referral to BCCDC TB Services, include recommendations from TB Services

5.0 REFERENCES

5.1 British Columbia Centre for Disease Control: Tuberculosis Manual. (November 2015)
Tuberculosis Risk Screening for Residential Care Facilities - Form #811217

EFFECTIVE DATE: July 2007
REVISED DATE: June 2016
REVIEWED DATE: November 2010

Tuberculosis Risk Screening
Adult Residential Care Facilities, Group Homes, and Mental Health Care Facilities

Client Name
PHN
DOB Age
MRP

Symptom Assessment
- Fever
- Night sweats
- Loss of appetite (anorexia)
- Unexplained weight loss
- Fatigue
- Cough (dry or productive) for 2 to 3 weeks or longer
- Bloody sputum (hemoptysis)
- Chest pain
- Shortness of breath
- NONE

PERSON UNDER AGE 60
- Tuberculin skin test (TST) required
- Symptoms of TB (one or more symptoms ticked above) or client unable to have TST or TST is positive - Refer for chest x-ray

PERSON 60 YEARS AND OLDER
- No symptoms of TB (NONE ticked above); No further action required
- Symptoms of TB (one or more symptoms ticked above) - Refer for chest x-ray

TB Screening Outcome
- No Risk for TB
- Follow-up screening & treatment completed - no further risk of TB identified

Date of Assessment (dd/mm/yyyy) Name of Person Completing Form Signature of Person Completing Form

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