

# Tuberculosis (TB) Screening

## Congregate Living Facility: Adult Long-Term Care, Mental Health Care Facilities and Group Homes

Patient Name (last)	_____
(first)	_____
DOB (dd/mm/yyyy)	_____
PHN	_____ MRN _____
Account / Visit #	_____
<b>IH USE ONLY</b>	

Who requires screening:

- All clients entering a congregate facility require symptom and risk assessment prior to admission **unless**:
  - Client stays less than 3 months (e.g., rehab, convalescent or respite)
  - Client is admitted to community hospice bed (palliative care)

Note: Tuberculin Skin Test (TST) no longer required for those under the age of 60

### Assess client for active TB disease:

#### Does this client have symptoms? (mark all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Fever                       | <input type="checkbox"/> Cough (dry or productive) for more than 2-3 weeks or longer, with / without fever or phlegm |
| <input type="checkbox"/> Night Sweats                | <input type="checkbox"/> Bloody sputum (hemoptysis)  |
| <input type="checkbox"/> Loss of appetite (anorexia) | <input type="checkbox"/> Chest pain  |
| <input type="checkbox"/> Unexplained weight loss     | <input type="checkbox"/> Shortness of Breath   |
| <input type="checkbox"/> Fatigue                     | <input type="checkbox"/> Abnormalities on Chest x-ray  |

#### Does this client have risk factors? (mark all that apply)

- ☐ Live, work or spend time in a region or setting where TB exposure may be increased due to a community's current and historical experience with increased TB incidence
- ☐ Client born in or travelled to a high incidence country for more than 3 months or with very high-risk contacts. Use the [WHO TB country, regional and global profiles for TB](#) to identify high TB incidence countries (TB disease rate of 50/100,000)
- ☐ Homeless or under-housed (e.g., shelter users, those with no fixed address).
- ☐ Clients of congregate living settings (e.g., correctional facilities, long term care, & residential treatment programs)
- ☐ Immune compromised or illness affecting immunity (e.g., client with HIV, transplant, chronic renal disease & silicosis)
- ☐ History of Tuberculosis
- ☐ Contacts to active cases of TB in past 2 years
- ☐ Immune suppressing medication (e.g., biological agents, chemotherapy or systemic corticosteroid treatment)
- ☐ Clients who inject or use inhaled substances

- **If client has risk factors AND symptoms, OR high suspicion for TB disease refer patient to TB Services and notify Communicable Disease Unit (CDU).** The client cannot be admitted to a congregate living facility as described, **until assessment by BCCDC TB services** has ruled out presence of respiratory TB disease.

- ☐ Complete referral and send to [TB services](#), Fax 604-707-2690
- ☐ Notify CDU at [TBCDUnit@interiorhealth.ca](mailto:TBCDUnit@interiorhealth.ca)
- ☐ Order Chest X-ray. Nurse to complete CXR requisition. [CPS TB ScreeningForm.pdf](#)
- ☐ Refer to MRP for further assessment regarding TB disease

- **If patient has no risk factors or symptoms, then proceed with admission.**

Date (dd / mmm / yyyy)	Time (24 hour)	Printed Name	Signature	Initials	Designation / College ID #

Permanent part of the health record